

KEIROUSE INK

TATTOO CONSENT & SERVICE AGREEMENT

Artist: Keira Damoense

Client Name: _____

Date: _____

Health Declaration

I confirm that I am at least 18 years old and voluntarily consent to receiving a tattoo.

I declare that I have informed the artist of any medical conditions, allergies, skin conditions, blood disorders, pregnancy, medications, or other health concerns that could affect the tattoo procedure or healing process.

I understand that tattooing involves breaking the skin and carries risks including infection, allergic reactions, swelling, bruising, and discomfort.

Hygiene & Safety

The artist uses sterile, single-use needles, disposable gloves, and follows strict hygiene standards throughout every procedure.

I agree to follow the provided aftercare instructions and understand that proper aftercare is my responsibility. Failure to do so may affect healing and the final appearance of the tattoo.

Design Approval

I confirm that I have reviewed and approved the tattoo design, placement, size, and spelling before the tattoo begins. Once the procedure has started, changes cannot be made.

Deposits, Cancellations & Payments

A €24 deposit is required to secure the appointment. The deposit is included in the final tattoo price and is non-refundable.

Appointments cancelled or rescheduled with less than 24 hours' notice will result in the loss of the deposit. A new deposit is required to book another appointment.

The remaining balance is due immediately after the tattoo session unless otherwise agreed.

Touch-Up Policy

Free touch-ups are available after the tattoo has fully healed.

If the tattoo has been significantly damaged through injury, excessive sun exposure, neglect, or other external causes, a €50 touch-up fee may apply.

Photography

I give permission for the artist to photograph my tattoo for documentation and portfolio/social media purposes.

Yes No

Consent

I confirm that I have read and understood this agreement, had the opportunity to ask questions, and voluntarily consent to the tattoo procedure.

Client Name: _____

Signature: _____

Date: _____