

# DANCING DRAGON TATTOO STUDIOS

HWY 41-A, GATE 6, FT CAMPBELL, KY  
270-439-4465

CHECK OUT OUR WEBSITE: [WWW.DANCINGDRAGONTATTOO.COM](http://WWW.DANCINGDRAGONTATTOO.COM)

<b>REGISTRATION NO.</b>		<b>Date of Service:</b>	
<b>NAME:</b>		<b>Date of Birth:</b>	
<b>ADDRESS:</b>		<b>Phone Number:</b>	
<b>CITY:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>DESCRIPTION OF DESIGN:</b>			
<b>CHECK ALL BOXES THAT APPLY:</b>			
<input type="checkbox"/> <b>Diabetic</b>			
<input type="checkbox"/> <b>Hypoglycemic</b>			
<input type="checkbox"/> <b>Hemophiliac</b>			
<input type="checkbox"/> <b>Hepatitis</b>			
<input type="checkbox"/> <b>Asthma</b>			
<input type="checkbox"/> <b>HIV or AIDS</b>			
<input type="checkbox"/> <b>None of the Above</b>			
<b>PART OF BODY TO WHICH APPLIED:</b>		<b>Artist:</b>	
<p>I HAVE BEEN INFORMED OF POSSIBLE RISKS OR COMPLICATIONS INVOLVED WITH THE TATTOO. I HAVE REQUESTED, AND I HAVE BEEN INSTRUCTED ON THE CARE OF THE SKIN AFTER TATTOOING AS A PRECAUTION TO PREVENT INFECTION. I ATTEST THAT I AM NOT INTOXICATED OR UNDER THE INFLUENCE OF DRUGS AND THAT I HAVE SHOWN PROOF OF MY AGE.</p> <p>_____</p>			
SIGNATURE OF PERSON TO BE TATTOOED		AGE	
<b>CONSENT FOR TATTOO OF MINOR UNDER 18:</b>			
<p>I REQUEST THAT THE TATTOO BE APPLIED TO THE PERSON NAMED ABOVE FOR WHOM I HAVE SHOWN PROOF THAT I AM THE PARENT OR GUARDIAN.</p> <p>_____</p>			
SIGNATURE OF PARENT OR GUARDIAN		RELATIONSHIP	