



**Virginia Board for Barbers and Cosmetology  
 TATTOO CLIENT DISCLOSURE FORM**

Date Tattooing Performed \_\_\_\_\_  
MM/DD/YYYY

Client's Name \_\_\_\_\_  
Last First Middle Generation

Client's Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Type of ID Provided \_\_\_\_\_

No person shall tattoo a person less than eighteen years of age, knowing or having reason to believe such person is less than eighteen years of age except (i) in the presence of the person's parent or guardian OR (ii) when performed by or under the supervision of a medical doctor, registered nurse or other medical services personnel licensed pursuant to Title 54.1 when performing their duties.

In addition, no person shall tattoo any client unless he complies with the Centers for Disease Control and Prevention's guidelines for "Universal Blood and Body Fluid Precautions" and provides the client with the following disclosure:

1. Tattooing is an invasive procedure in which the skin is penetrated by a foreign object.
2. If proper sterilization and antiseptic procedures are not followed by the tattoo artist, there is a risk of transmission of blood borne pathogens and other infections, including, but not limited to, human immunodeficiency viruses (HIV) as well as Hepatitis B and C viruses.
3. Tattooing may cause allergic reactions in persons sensitive to dyes or the metals used in ornamentation.
4. Tattooing may involve discomfort or pain for which appropriate anesthesia cannot be legally made available by the person performing the tattooing unless such person holds the appropriate license from a Virginia health regulatory board.

**Listed below are some of the possible risks and dangers associated with the application of a tattoo:**

1. The possibility of discomfort or pain;
2. The risk of infection;
3. The possibility of allergic reactions to the pigments or other metals used;
4. The permanence of the markings; and
5. The risks associated with tattoo removal

**NOTE: The Commonwealth of Virginia makes no endorsement of the safety of the practice of tattooing.**

**CLIENT ACKNOWLEDGEMENT**

By signing below, I acknowledge that:

1. I have read the information shown above.
2. I have been verbally informed by the practitioner providing the service of the risks and dangers associated with receiving a tattoo.
3. I have been given the opportunity to have a third party present while receiving tattooing services.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
IF REQUIRED

Licensed Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner's VA License No. 

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