

SAMPLE BODY PIERCING CLIENT RECORD

PLEASE READ THE FOLLOWING NOTICE:

You are hereby notified of the possible risks and dangers associated with receiving a body piercing. These risk and dangers include, but are not limited to, at least the following:

- I. The possibility of discomfort or pain;**
- II. The possibility of scarring;**
- III. The possibility of bleeding;**
- IV. The possibility of swelling;**
- V. The risk of infection;**
- VI. The possibility of nerve damage; and**
- VII. The increased risk for adolescents during certain stages of development.**

NO PERSON MAY BE BODY PIERCED WHO APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

NAME: _____ **DATE:** _____
ADDRESS: _____ **PHONE #:** _____ ()
CITY: _____ **STATE:** _____ **ZIP:** _____

I have received a copy of applicable written care instructions and I have read and understand such written care instructions.

**CLIENT'S
SIGNATURE:** _____

TO BE COMPLETED BY THE STUDIO ARTIST:	
ARTIST NAME: _____	
CLIENT'S AGE: _____	CLIENT'S DOB: _____
TYPE OF VALID IDENTIFICATION PROVIDED: _____	
LOCATION OF BODY PIERCING: _____	
JEWELRY USED: _____	CATALOGUE #: _____
JEWELRY USED: _____	CATALOGUE #: _____

An artist may not perform body piercing on a person younger than 18 years of age without the consent of a parent, managing conservator, or guardian and meeting the requirements of 25 Texas Administrative Code, §229.406(e).