

Hair Intake Form

Referred By:

Client Information

Name: _____

Birthday: ____/____/____

Cell: _____

Anniversary: ____/____/____

Email: _____

Instagram Name: _____

Hair Condition

How would you describe your hair? (Please Circle)

Normal Dry Oily Curly Straight Wavy Textured

What hair care products do you use and how are you using them? Please list all.

Are you comfortable styling your hair? (Please circle) Yes No

How do you typically style your hair?

What treatments have you had done to your hair in the last 3 years? Color, texture services, etc.

What are your hair goals or concerns?

Client Health

Do you have any allergies or medical conditions? Please list all

Cancellation, No-Show, and Tardy Policy

We look forward to serving you and want every guest to have the best experience possible. To book any appointment we do require a card on file to hold your appointment time. That being said, **we require a 24-hour notice for cancelations of any service provided at Hair Peace. No-Call, No-Shows will be charged 50% of the services booked as a fee to the card on file.** Guests who arrive late for services may need to reschedule their appointments so that they do not interfere with other appointments booked. We do ask that you call beforehand if there are any issues making your appointment so we can accommodate you appropriately. **Hair Peace reserves the right to require deposits for any appointments.** After any No Call, No Shows, a nonrefundable deposit will be required to book any and all future appointments. As a *courtesy*, we do try to call, text, and/or email to confirm your appointment 24 hours prior to your appointment time. But please understand **that it is ultimately your responsibility to remember your appointment and to show up on time** in order to avoid any fees or rescheduling. You are always welcome to call the salon or message us on Facebook or Instagram to confirm your appointments if you are unsure. Please also note if you do call the salon, we may be busy with other guests. **If you do not leave a voicemail, we will not be able to return your call.** By signing below at the bottom of this page, you are acknowledging these policies and agree to follow them.

Photography Release:

_____ I hereby grant the employees and agents of Hair Peace to use any photos of me before, during, or after my microblading procedure or any other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I

Printed Name: _____

Signature: _____

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understand and agree that all photos will become the property of Hair Peace and/or Hair Peace Employees or agents and will not be returned. I irrevocably authorize Hair Peace to edit, alter, copy, exhibit, publish, or distribute these photos for any lawfully purpose. In addition, I waive any rights to inspect or approve the finished product or photos wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising or relation to the use of any photos. By signing below at the bottom of this page, you are acknowledging these policies and agree to follow them. By initialing this statement, I agree to these terms. You may continue signing this form with initialing this statement if you do not consent to your photo being taken.

Printed Name: _____ Signature: _____
