



Cattaraugus County Health Department

Environmental Health Division - Body Art Program

716-701-3386

Body Art Procedure

Summary/Record

Pursuant to SCCCHD 29.3.2.16



Public Health
Prevent - Promote - Protect
Cattaraugus County
Health Department

Client Information (to be completed by client):

1. Client Name: _____

2. Mailing Address: _____

3. City: _____ 4. State: _____ 5. Zip Code: _____

6. Email: _____ 7. Phone: _____

8. Date of Birth: _____

9. Is the client under age 18 at time of procedure (check one): Yes No

10. Name of Consenting Legal Guardian (if client is a minor): _____

11. Relationship to Client (if client is a minor): _____

A photocopy of the client's (and guardian's, if client is a minor) government issued photo identification must be attached to this form.

Body Art Establishment & Practitioner Information (to be completed by practitioner):

12. Establishment Name: _____ 13. Permit #: _____

14. Practitioner Name: _____ 15. Practitioner Certificate #: _____

Procedure Information (to be completed by practitioner):

16. Type of Body Art Procedure (check one or more):

Tattoo Piercing Permanent Makeup/Microblading

Other (please describe): _____

17. Date of Procedure: _____

18. Comments (optional):

Signatures and Acknowledgement:

"To the best of my knowledge, the information provided above is accurate and true. I acknowledge that this information may be provided to the Cattaraugus County Health Department during the course of inspections and/or formal complaint investigations, and that I may be contacted about my (or my child's) Body Art procedure using this information if a situation arises that warrants it."

Signature of Body Art Client/Parent/Guardian

Printed Name of Body Art Client/Parent/Guardian

Date

Signature of Body Art Practitioner

Printed Name of Body Art Practitioner

Date