

# Haylo Healing Arts Lounge

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Is this a mastectomy art project? If so please fill out the Mastectomy Vision Form**

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## Artist Preference

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**Hayley**

(Tues. – Sat. 12-5)

**Catherine**

(Tues. – Sat. 11-5:30)

**Day Preference (Tues-Sat):** \_\_\_\_\_

Please provide a brief **description** of what this tattoo is all **about** and any **subject matter** you have in mind: \_\_\_\_\_

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**Placement:** \_\_\_\_\_

**Is this a Cover-Up/Rework?** Please include photo of what you'd like to cover.

**Color Scheme:** \_\_\_\_\_

**If so, what kind of cover-up is it?** Please choose below.

**Size in Inches:** \_\_\_\_\_

Tattoo Rework

Tattoo Cover-Up

**Style:** \_\_\_\_\_

Scar Cover-Up

**Skin Conditions:** Good Skin is a great canvas. Scar tissue, keloiding, sunburn/excessive tanning, other health issues or skin conditions such as diabetes, psoriasis, eczema, skin allergies as well as use of blood thinners, chemotherapy and especially radiation may affect your healing process.

*PLEASE NOTE if any of the above-mentioned concerns apply*

**Any more details you want to share?**