

# WildKayte Studio

## Lash Extension Consent Form

Name:

Date:

Phone #:

IG @

Friend Referral:

Email:

How did you hear about us?  Friend  Website  Social Media  
Other: \_\_\_\_\_

Please complete the form below to the best of your ability.

Forms must be submitted via email before your appointment to: [wildkayte@hotmail.com](mailto:wildkayte@hotmail.com)

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application please initial with an X, your awareness of the possible risks as outlined below: I consent to the application, removal and /or re-touching of eyelash extensions to my natural eyelashes by the certified extension technician listed below.

I consent to the application, removal and /or re-touching of eyelash extensions to my natural eyelashes by the certified extension technician listed below.

I understand there are risks associated with the application/removal of eyelash extensions. Including, but not limited to: eye irritation/discomfort

I understand and consent to having my eyes closed throughout the procedure.

I agree to the aftercare instructions given by the technician and failure to follow these instructions may result in damage to my natural lashes, and /or decrease the life of my extensions.

I consent to having my before and after photos taken for advertising and marketing purposes. I understand that these pictures may be posted to social media sites.

Some factors may affect lash retention and growth rates, please select what applies to you:

- Use of medicines that cause hair loss
- Use of antibiotics
- Use of lash growth serums during the past month
- Lash lifting/perming/lamination treatments in the past 6 weeks
- Stress
- Use of hormonal contraceptives
- Hormonal disbalance
- Thyroid problems

- Pregnancy/breastfeeding
- Acidosis
- Antibiotics

Other Questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>First time wearing eyelash extensions?</b>                   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Are you getting your lashes done for a special occasion?</b> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Current use of eye medication or antibiotics?</b>            | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Allergies and /or sensitivities?</b>                         | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Frequent eye irritation, watery eyes and/or itchy eyes?</b>  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Do you ever wear contacts?</b>                               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Are you pregnant?</b>  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Recent history of Chemotherapy?</b>                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <b>Any eye surgery within the last 6 months?</b>                | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Possible contraindications for the treatment.

Please select the following conditions/factors that apply to you:

- Stye Eye infection or inflammation
- Eye injury (incl. open cuts)
- Uncured permanent makeup (up to 6 weeks)
- Laser eye surgery (in the past 3 months)
- Chemotherapy treatment (ongoing or in the past 12 months)
- Herpes
- Lichen ring
- Blepharitis
- Epilepsy
- Severe asthma
- Claustrophobia
- Cataract
- Glaucoma
- Diabetic retinopathy
- Dry eye syndrome
- Skin hypersensitivity
- Alopecia
- Trichotillomania
- Allergy to cyanoacrylate, formaldehyde, carbon black, medical tape
- Previous allergic reactions to eyelash extensions (anytime)
- None of the above apply to me

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I have read the above information. If I have any concerns, I will address these with my Eye Service Professional.

I give permission to  to perform the procedure as discussed and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I have

accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically.

I understand the professional will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the professional immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand that procedure and accept the risks. I do not hold the professional, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Please reach out with any additional questions, we are here to help!

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PRINT Name:

Client Signature:

Date:

Would you like to be mentioned in social media posts and have the opportunity to earn discounts for referrals?

*Wild Kayte Studio*  
IG @ LASHES.BY.CATIE