



I want to guarantee the best possible experience today and for all future visits. I will keep this securely in your online client file and not share with members of my team. Let me know if you have any questions as you complete the form.

FIRST NAME: _____

LAST NAME: _____

MAILING ADDRESS: _____

CONTACT PHONE NUMBER: _____

EMAIL: _____

BIRTH MONTH AND DAY (MM/DD): _____

HOW DID YOU HEAR ABOUT ME? _____

HAVE YOU EVER HAD AN ADVERSE REACTION TO HAIR COLOR? Yes: ☐ No: ☐

SERVICE RE-DO & RETAIL RETURN POLICY: I strive to offer my guests the highest level of guest satisfaction. If you are having challenges with your cut or color, let me know w/in 7 days of your visit and I will be happy to correct the issue with no additional charge. Should you make a retail purchase that you are unsatisfied with, I will accept retail exchanges at full credit for 90 days from your initial purchase. Please initial below if you agree to these terms and would like to continue with services today. [____]

FUTURE APPOINTMENT CANCELLATION POLICY: In order to continue providing the best possible scheduling options to my guests, I do require 48 hours' notice should you need to cancel or reschedule your visit with me today. Should you cancel your appointment with less than 48 hours' notice, a \$25 per service cancellation fee does apply and will be due before a new appointment is scheduled. [____]

Printed name: _____

Signature: _____

Date: _____

Thank you for your business!