DISCLOSURE AND CONSENT FOR INTRA-DERMAL MICRO-PIGMENTATION
(PERMANENT MAKEUP)

I, ___________________________________, as a client aged 18 or older have requested that you
describe the procedure to be utilized so that I may make an informed decision whether or not to undergo
the procedure. You have described the recommended procedure to be used as Micro Pigment
Implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micro
Pigment Implantation is used for the purpose of permanent cosmetic makeup and skin imperfection
camouflage.

I voluntarily request Cat’s Beauty Enterprises, LLC d.b.a. Cat’s Eye…Authentic Beauty & Skin Care, Cat
and such association and technical assistance as she may deem necessary, to perform on my body the
following procedure(s):

Please check all that apply:

☐ Upper Eyeliner       ☐ Lower Eyeliner       ☐ Eyebrows       ☐ Lip Liner
☐ Full Lip Color       ☐ Other: ________________________________

RISKS/POTENTIAL COMPLICATIONS:

1. The nature and method of the proposed procedure has been explained to me by Cat Shepler, including
the usual risks inherent in the procedure and the possibility of complications during and/or following its
performance. I understand there may be a certain amount of pain associated with the procedure(s) and that
other adverse side effects may include minor, temporary bleeding, bruising, redness or other discoloration
and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this
problem. Fading or loss of pigment may occur.

2. In consideration of being accepted as a client by Cat’s Beauty Enterprises, LLC (hereinafter referred to
as CBE, LLC) I ___________________________________, fully release and discharge Cat
Shepler and all her employees, agents, servants, representatives, and associated corporations and
companies without limitation, from any and all claims, losses, demands, rights of causes of action,
damages or injuries to my person or property, present or future, whether known, anticipated or
unanticipated, that may occur from any cause whatsoever, whether based on tort, contract, products
liability, or other theory of recovery, as a result of or arising out of any treatment or procedure by CBE,
LLC including but not limited to any claims for known, unknown, latent, developed or undeveloped
injuries; anticipated and unanticipated consequences, and known and unknown developments of any such
injuries and claims with respect to the nature, extent, and permanency of any such injuries.

3. I agree to notify CBE, LLC of pregnancy prior to the performance of any permanent cosmetics
procedure. CBE, LLC will perform no Permanent Makeup procedure(s) while a client is pregnant.

4. I absolutely understand and accept that such procedure(s) is sometimes a process (two visits), often
requiring at least two applications of color to achieve desired results, and that 100% success cannot be
guaranteed. I understand and agree that my cooperation is required during the healing process to achieve
desired results.
5. I agree to adhere to pre-procedural and post-procedural instructions as per the attached instruction sheets.

6. Depending on the procedure(s) I select, I accept responsibility for determining the color, shape, and position of eyebrows, eyeliners, lip liner and/or full lip color and the color of camouflage.

7. This procedure can be permanent or semi-permanent. Body metabolism, immune system response, choice of color, sun exposure, medication, long and short-term illness and care are all factors in the longevity of permanent makeup.

8. There have been no reliable studies of Permanent Makeup applied to the brows, eyes or lips regarding how CAT Scans, MRIs or any other medical or imaging tests are affected. Mascara can cause the same artifacts that eyeliner can during these diagnostic tests. Anecdotal evidence suggests Permanent lip, brows, eye shadow or blush do not effect the outcome of these tests. Individuals who have permanent makeup have successfully undergone the above mentioned tests. In the event I have any relevant medical or imaging tests, I understand I must inform the radiologist/physician of my permanent cosmetics procedure(s).

9. I understand that no warranty or guarantees have been made to me as to the results.

10. I understand that there is a possibility of hyper-pigmentation resulting from a procedure, especially in individuals prone to hyper-pigmentation from a scar or other injury.

11. I have been told that this procedure will involve typically minor pain and discomfort.

12. I have been told that a follow up procedure may be required and that the color of pigmentation may fade.

13. I have been given an opportunity to ask questions about the procedures and the procedure to be used and the risks and hazards involved and I believe that I have sufficient information to give this informed consent.

14. I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

15. I have received a copy of the Pre/Post Procedure Instructions. It has been fully explained to me and I have read it or it has been read to me. I understand its contents.

16. I certify this form has been fully explained to me and I have read it or it has been read to me. I understand its contents.

_________________________________________  _____________________________
Name                                      City, State
_________________________________________                      _____________________________
Signature                                  Date