



CLIENT INTAKE FORM

@lashupyeg | @lashupsherwoodpark | @lashupreddeer | @lashuppro

Client Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Zip: _____

Home #: _____ Work: _____ Cell: _____

Email: _____

Facebook Account: _____ Twitter Name: _____

How may we contact you regarding scheduled appointments or specials? Check all that apply?

- Email Home Phone Cell Phone Work Phone

Birthday: _____ Age: _____ Occupation: _____

- Sex: Male Female

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship to you: _____

How did you hear about us: _____

Medical Concerns | Allergies: _____

By checking here you agree to a photo release. We may use your before and after photos in our marketing, training and social media sites.

Signature: _____

LASH UP CLIENT INTAKE FORM  