

# Client Intake Form

Client Information Name:
Address:
Email:
Phone
Have you had extensions before? YES/NO If yes, please describe your extension history in the space below.
Medical History:
Do you suffer from health problems that may cause extensions to be unsuitable? Yes/No
Are you taking medications that can affect hair growth ie; birth control, anti-depressants, heart medication thyroid, etc? Yes/No
Do you suffer from Eczema or Psoriasis? Yes/No
Do you have a dry or itchy scalp? Yes/No
Have you ever suffered from Alopecia or any type of hair loss? Yes/No
Have you ever had Chemotherapy? Yes/No
Are you or could you be pregnant? Yes/No
Have you given birth within the last 6 months? Yes/No
Do you suffer from greasy hair? Yes/No

Do any products cause your scalp to itch, become dry, or greasy? Yes/No

Do you have any allergies? Yes/No

## Lifestyle Questions:

Do you exercise regularly? Yes/No

Do you use saunas or steam rooms? Yes/No

Do you use tanning beds? Yes/No

Do you wear protective head gear (i.e helmets) Yes/No

Do you swim? Yes/No

#### HAIR EXTENSION SERVICE AGREEMENT

## Agreement/Jurisdiction:

This HAIR EXTENSION SERVICE AGREEMENT (hereinafter referred to as the "AGREEMENT" is effective as of the date signed below between the parties "Client, You" and "Stylist" (collectively referred to as the "Parties" and each a "Party")

#### Services To be Provided:

Stylist shall provide You a hair extension consultation and installation that serves Your needs (the "services")

### Compensation:

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The price You shall pay the Stylist for the hair extension installation shall be per row. Extension hair is an additional cost and pricing will be discussed during Your consultation.

DEPOSIT. You agree to pay for a percentage of total cost prior to booking to secure the appointment. Upon execution of this Agreement, you will pay the Stylist a one-time deposit in the amount of \$ .

#### This deposit will be non-refundable.

Remaining total due at the time of service is in the amount of hair color is a separate amount tbd. Stylists may choose to withhold the Services until deposit has been received.

## Warranty:

Stylist warrants that all Services provided hereunder will be provided in a diligent manner that meets or exceeds generally acceptable industry standards. Clients have 7 days from date of service to reach out to the Stylist with any concerns. Stylist has **NO** warranty on hair purchased anywhere other than from the Stylist. Stylist holds no responsibility for any damage, matting, color fading etc.

## Acknowledgements:

You agree to and acknowledge the following:

- -You are aware that hair extension warranty is only applicable if you take care of your extensions correctly and follow all of the "Stylist's rules and guidelines discussed with You during Your appointment or given to You in written form.
- -You understand that You are fully responsible for paying for Your hair extensions before Your appointment and understand that the cost of service is separate from the cost of hair.
- -You understand that if the hair extensions are not a perfect match for Your own hair, they will need to be colored/toned to match at your cost.
- -You understand that once You purchase the hair you cannot get a refund or exchange for new hair or a new color.
- -You are aware and acknowledge that once the hair is installed, the color and length that is purchased and installed is Your own choosing, regardless of the Stylist's recommendations. You understand that the recommended move up period is 6-10 weeks in between appointments and Stylist cannot guarantee installation past then.
- -You understand that 6 to 10 week maintenance is required. A removal is a charge of \$75.00, if You go past the 8 week mark and hair needs to be treated for matting or molding, it will be an additional hourly charge.
- -You understand that all issues with extension install past three weeks of wear is considered regular maintenance and will not be covered by your Stylist.
- -You understand that blending hair cut is required with all extension installs.
- -You understand that your scalp and head may be a little tender (especially when sleeping) for the first few nights after installation.
- -You acknowledge this is completely normal and once your scalp adjusts the tenderness should go away.
- -You understand the hair extensions contain beads that contain metal aluminum and are lined with silicone.
- You are responsible for alerting Stylist of any allergies before installation. You acknowledge a copy of the hair care sheet has been provided to You.
- -You understand that due to daily wear and tear your extensions will lose length over time and need to be replaced yearly or sooner depending on care. (Blonde hair usually about 8 months to a year)

## **Refund Policy:**

In the event You are not satisfied with the Services, Stylist agrees to fix any issue within seven (7) days from the installation of Your hair extensions. After this grace period, you agree there shall be no refunds for the Services and additional charges may apply for any additional services.

## Timing:

You acknowledge and agree that the time required to install your hair extensions varies. Stylist makes no guarantees regarding the performance of Services being completed within Your timeframe. You are encouraged to schedule Your appointment on a day when You have no time restraints.

#### Cancellations:

You acknowledge and agree that cancellations are to be avoided at all costs. In an unavoidable event that you must cancel, Stylist will attempt to reschedule in a timely manner, however due to the extensive time needed a quick rebooking cannot be guaranteed. After one cancellation a booking fee of 50% of the service cost will be implemented.

STYLIST:
Name:
Signature:
CLIENT:
Name:
Signature:
Date: Date: