



Salon Consultation

Name: _____ Date: _____

Address: _____

Email: _____ Cell # for confirmations: _____

DOB: _____

How did you hear about us or who can we thank for your visit today? _____

For Women: Are you pregnant? Yes No If yes, how many weeks? _____

Customer Signature: _____ Date: _____

Stylist Notes: _____
