

# Sarah Puckett

INDEPENDENT STYLIST

## NEW CLIENT INTAKE FORM

As an Independent Stylist I am committed to helping you with your beauty needs and goals. The following questions will help make our time together as effective as possible, and will help you become familiar with all the services I offer, that may help you reach your beauty goals successfully.

Date \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Preferred Contact Method: Text \_\_\_\_\_ Call \_\_\_\_\_ Email \_\_\_\_\_

Birthday (Month/Day): \_\_\_\_\_ May I send you special offers? Yes \_\_\_\_\_ No \_\_\_\_\_

Who may I thank for sending you to me? \_\_\_\_\_

What products are you currently using at home? \_\_\_\_\_

What goals do you have for your beauty? \_\_\_\_\_

***Thank you for taking the time to share more about yourself with me today. I look forward to working with you as your beauty professional.***

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**CANCELLATION POLICY:** My schedule is dedicated to my clients and their needs, but when I have a no-show or last minute cancellation I cannot fill that appointment with another person. As a result I require at least 48 hours notification via phone to cancel and reschedule to avoid losing your booking fee. Any cancellation or no-show with less than 48 hours notice will be charged for the full appointment.

**Circle:** Visa Mastercard

Name on card \_\_\_\_\_ Card # \_\_\_\_\_

Exp \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip: \_\_\_\_\_

By signing you agree to the policies and have read and understand them.

Date \_\_\_\_\_

*Client Signature*