Crowe's Nest Salon
Client Information Sheet and Color Service Contract

Name: _____ Phone #: _____

DOB: _____ Email: _____

Address: _____

Requested Service: _____

As a client at Crowe's Nest Salon it is your responsibility to honestly disclose your chemical service history from the passed 5 years. If you fail to do so, the stylist and/or salon is not responsible for any damage or injury caused by failure fully disclose or failure to provide truthful information.

Chemical Service History: _____

_____

_____

_____

_____

Please understand that we can only 100% guarantee the chemical service if you use the products suggested to you. Otherwise we are not responsible for any extreme discoloration and/or damage after the fact.

We would also like to inform you that certain services may take up to **5 appointments** to achieve the original goal (example: if we start with really dark hair and the end goal is blonde).

Client Signature: _____ Date: _____

Employee Availability

Month: _____

Employee: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Early Morning (7 am - 9am)							
Morning (9am - 12pm)							
Afternoon (12pm - 3pm)							
Late Afternoon/ Evening (3pm - 6pm)							
Night (6pm-9pm)							

Employee Availability

Month: _____

Employee: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Early Morning (7 am - 9am)							
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