

Consulation & Agreement Form

JADORE

Personal Details

NAME	DATE
EMAIL	PHONE
STYLIST	INSTAGRAM

Important Questions

Have you keratin smoothing treatment or chemical straightening in the past 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any lifestyle changes, medical conditions or medications that have effected, or may affect the integrity of your natural hair?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you coloured your hair in the past 48 hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you currently use any plex treatments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I understand if yes to anything above it may compromise my natural hair		
SIGNATURE _____		

Home Hair Care

SHAMPOO	CONDITIONER
TREATMENTS	LEAVE IN PRODUCTS
STYLING PRODUCTS	FINISHING PRODUCTS
THERMAL STYLERS	

Agreement

- I have answered all questions to the best of my knowledge
- I have received my maintenance and care guide
- I agree to follow the maintenance and care given to me by my stylist
- I agree to the use of only Jadore products on my extensions to maintain my warranty and understand that the use of alternate products may void my warranty
- I understand I must not expose my hair to water for 48-72 hours after extensions have been applied
- I understand that it is not recommended to colour my extensions as it may void my warranty
- I agree to regular maintenance every 4-6 weeks and understand that longer may damage my natural hair or the extensions

EXTENSIONS WILL BE APPLIED	DATE TO BE
ON SIGNATURE	REFITTED DATE

Technician Form & Checklist

JADORE

Consulation

MOVEMENT	CURLY	WAVY	STRAIGHT	
TEXTURE	FINE	MEDIUM	COURSE	
DENSITY	SPARSE	MEDIUM	THICK	
NATURAL HAIR LENGTH	SHORT	MEDIUM	LONG	EXTRA LONG
STYLE GOAL	LENGTH	THICKNESS	BODY	COLOUR

Selected Hair

METHOD	LENGTH		WEIGH					BATCH NUMBER
	22"	26"	T 100G	150G	200G	250G	CUSTOM	
CLASSIC TAPE								
INVISI TAPE								
CLASSIC WEFT								
FLAT WEFT								
I-TIP								

Recommended Products

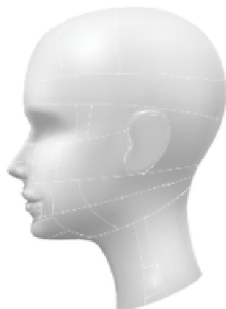
SHAMPOO

CONDITIONER

TREATMENT

OTHER

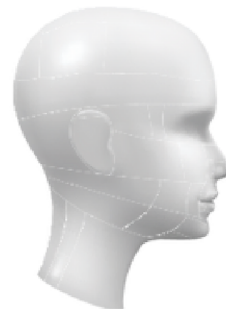
Placement Chart



LEFT



BACK



RIGHT

Payment

TOTAL APPLICATION	\$	
COST BALANCE	\$	
DEPOSIT PAID	\$	
TECHNICIAN SIGNATURE	\$	DATE