

# hair BY JULIE COOPER

## HAIR EXTENSIONS QUESTIONNAIRE

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Needed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_

Other Phone (\_\_\_\_\_) \_\_\_\_\_

**Please answer the following questions to help Julie better understand and serve your needs.**

1. Why do you want hair extensions? \_\_\_\_\_

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2. Have you ever worn hair extensions before? **Y / N**

*If yes, when and what type?* \_\_\_\_\_

3. During any of these services, did you experience excessive hair loss or damage to your natural hair? **Y / N**

*If yes, please elaborate.* \_\_\_\_\_

4. How often do you shampoo? \_\_\_\_\_ Do you always blow dry? **Y / N**

5. What is your long term goal for your hair? \_\_\_\_\_

6. Are you currently experiencing an unusual amount of hair loss? (*Reason: chemotherapy, stress, alopecia, etc.*)

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7. Does your hair tend to be oily? **Y / N** \_\_\_\_\_

8. Are you pregnant? **Y / N**

9. How did you hear about Hair By Julie doing extensions? \_\_\_\_\_

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## HAIR EXTENSIONS HOME CARE MAINTENANCE

**\*PLEASE INITIAL EACH\***

- \_\_\_\_\_ 1. **Do not shampoo for two days.** Always wash your hair with your head back and not tilted forward. Never dry with a scrubbing action, instead wrap with a towel to absorb water. **Always dry bonds to prevent breakdown (for keratin bond extensions only).**
- \_\_\_\_\_ 2. **Brush hair extensions daily,** with recommended brush from the nape up. Always pull hair extensions into a soft scrunchy or loose braid while sleeping to prevent tangling.
- \_\_\_\_\_ 3. **Return to the salon for checkup service monthly.** I understand that if Julie Cooper does not maintain my color service and I don't use her recommended products it could lead to tangling and matting of hair.
- \_\_\_\_\_ 4. Curling irons, flat irons, and hot rollers may be used, but must be kept an adequate distance from your hair extension bonds.
- \_\_\_\_\_ 5. Activities taking place in a constant, damp environment such as aerobics, steam baths, pools, or saunas may lessen the longevity of your hair extension service. Precautions should be taken to avoid these conditions being repeated frequently.
- \_\_\_\_\_ 6. Seawater and pools can cause bond breakdown due to the constant damp environment. To minimize these effects, wet hair completely in a shower and spray on leave-in conditioner. After swimming, shampoo, and blow dry the bonds to prevent bond breakdown (for keratin bond extensions only).
- \_\_\_\_\_ 7. **Some extension loss is normal and to be expected.** Average client hair loss is 50-150 hairs a day. A full head application covers approximately one-third of the head. You can expect to see a small quantity of naturally released hairs trapped in the attachments after some time. This is normal and should not be interpreted as hairs pulled out of the scalp by the extensions themselves. Daily brushing close to the scalp and finger separation of the applied strands will avoid matting in this area.

**I HAVE READ, INITIALED AND UNDERSTAND MY HOME CARE MAINTENANCE SHEET. IF I DO NOT FOLLOW THE ABOVE INSTRUCTIONS I UNDERSTAND THAT HAIR BY JULIE COOPER CANNOT BE HELD RESPONSIBLE.**

Client Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Name (print) \_\_\_\_\_

Stylist Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## HAIR EXTENSION SERVICE DEPOSIT AGREEMENT

**ANY CANCELLATION, CHANGES OR RESCHEDULING IN APPOINTMENTS MUST BE MADE 48 HOURS PRIOR TO THE SCHEDULED APPOINTMENT OTHERWISE YOUR DEPOSIT WILL BE FORFEITED. YOU MUST THEN, MAKE A NEW APPOINTMENT AND ANOTHER DEPOSIT WILL BE REQUIRED.**

**If you change the color or texture of your hair between the consultation and the application appointment, you agree to notify Julie Cooper prior to the application appointment to schedule a new consultation.**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please keep Home Maintenance Sheet to insure satisfactory results.**

**I HAVE READ, INITIALED, AND UNDERSTAND MY CLIENT QUESTIONNAIRE, HOME MAINTENANCE SHEET, AND DEPOSIT AGREEMENT. I UNDERSTAND THAT HAIR BY JULIE COOPER WILL SUPPLY ALL HAIR REQUIRED FOR MY EXTENSION SERVICE AND ALL UNATTACHED HAIR IS THE PROPERTY OF HAIR BY JULIE COOPER.**

Appt Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Appt Time \_\_\_\_\_ AM / PM Time Required \_\_\_\_\_

**TOTAL PRICE \$ \_\_\_\_\_**

**50% Deposit \$ \_\_\_\_\_**

*(Must have deposit to insure quoted price and secure appointment date and time)*

**Quick Ship Fee \$ \_\_\_\_\_ (+\$40 for delivery under 7 days)**

**Balance Due Day of Appointment \$ \_\_\_\_\_**

**Removal of hair extensions is \$60.00 per hour.**

Client Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Name *(print)* \_\_\_\_\_

Stylist Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## HAIR EXTENSION WAIVER AND INDEMNITY

I have read, understand and agree to the Client Questionnaire, Home Care Maintenance, and Deposit Agreement. I understand that Hair By Julie Cooper will provide hair required to perform the hair extension service and that all unattached hair is the property of Hair By Julie Cooper. I wish to proceed with the hair extension service.

I certify that the information that I supplied in the Client Questionnaire, Home Care Maintenance, and Deposit Agreement are correct. I agree and hold harmless Hair By Julie Cooper for loss, damage, claims or actions of every kind that may suffer as a consequence of my failure to provide them with accurate and complete information.

I agree that I will not hold Hair By Julie Cooper liable in any way for any loss, damage, or injury suffered by me as a consequence of my use of the hair extension services. I release Sola Salon Studios and/or its employees from all claims and actions of every kind that I might have as a consequence of my use of the hair extension services.

I will indemnify and hold harmless Hair By Julie Cooper free from all loss, damage, claims, and actions of every kind that they incur or that are claimed or brought against them by any party as a consequence of my use of the hair extension services.

Client Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client Name (*print*) \_\_\_\_\_

Stylist Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_