

# Fill it out. Drop it off.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

## SERVICES

- Oil & Filter Change  Tire Rotation  Transmission Service  Brake Inspection  Front End Alignment  
 30,000 km Maintenance  60,000 km Maintenance  90,000 km Maintenance  Replace Wipers

## SYMPTOMS: (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hard to start     | <input type="checkbox"/> Idle speed is unsteady               | <input type="checkbox"/> Continues to run after turned off |
| <input type="checkbox"/> Will not start    | <input type="checkbox"/> Idle speed is too high               | <input type="checkbox"/> Backfires                         |
| <input type="checkbox"/> Starts but stalls | <input type="checkbox"/> Hesitates or stalls on acceleration  | <input type="checkbox"/> Speed changes for no reason       |
| <input type="checkbox"/> Pings or knocks   | <input type="checkbox"/> Stalls on deceleration or quick stop | <input type="checkbox"/> Poor gas mileage (_____ km/L)     |

## THE SYMPTOMS OCCUR DURING: (Check all that apply)

- Accelerating  Decelerating  Cruising  Braking  At a speed of \_\_\_\_\_ km/h

## THE SYMPTOMS OCCUR WHEN ENGINE IS: (Check all that apply)

- Cold  Warming Up  Normal  Hot  At all temperatures

## THE SYMPTOMS OCCUR:

- Rarely  Sometimes  All the time

## THE SYMPTOMS STARTED:

- Suddenly  Gradually At \_\_\_\_\_ (mileage)

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_