

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: _____
