

FILL IT OUT. DROP IT OFF.

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Vehicle Year: _____ Make: _____ Model: _____

SERVICES

- Dash Indicator (example: A 1 2): _____ Oil & Filter Change Replace Wipers Replace Air & Cabin Filters
 Tire Rotation Brake Inspection Brake Fluid Svc Transmission Fluid Svc Differential Fluid Svc Coolant Svc
 Power Steering Fluid Service 30K Service 60K Service 90K Service Check engine light diagnostics
 Other: _____

SYMPTOMS: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hard to start | <input type="checkbox"/> Idle speed is erratic | <input type="checkbox"/> Continues to run after turned off |
| <input type="checkbox"/> Will not start | <input type="checkbox"/> Idle speed is too high or too low | <input type="checkbox"/> Backfires |
| <input type="checkbox"/> Starts but dies/stalls | <input type="checkbox"/> Hesitates or stalls on acceleration | <input type="checkbox"/> Runs Rough / Rough Idle |
| <input type="checkbox"/> Pings or Knocks | <input type="checkbox"/> Stalls on deceleration or quick stop | <input type="checkbox"/> Power Loss: Uphill, High Spd, Low Spd |
| <input type="checkbox"/> Oil Leaks | <input type="checkbox"/> Exhaust or Fuel Smell | <input type="checkbox"/> Poor gas mileage (____ mpg) |
| <input type="checkbox"/> Exhaust is white | <input type="checkbox"/> Exhaust is blue | <input type="checkbox"/> Overheating |

SYMPTOMS OCCUR DURING: (check all that apply)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Accelerating | <input type="checkbox"/> Decelerating | <input type="checkbox"/> Cruising |
| <input type="checkbox"/> Braking | <input type="checkbox"/> At Speed of _____ MPH | <input type="checkbox"/> In Gear(s) _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> At specific RPM _____ | |

SYMPTOMS OCCUR WHEN ENGINE IS: (check all that apply)

- | | | |
|---------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Warming Up | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Hot | <input type="checkbox"/> At all temperatures | |
| <input type="checkbox"/> Other: _____ | | |

SYMPTOMS OCCUR:

- Rarely Sometimes All the time Other: _____

SYMPTOMS STARTED:

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Suddenly | <input type="checkbox"/> Gradually | <input type="checkbox"/> At _____ mileage |
|-----------------------------------|------------------------------------|---|

DRIVING HABITS:

- Use mainly on highway or Mainly use in city Avg daily mileage: _____
Brand of fuel (ie 76, Costco): _____ Fuel Grade (circle one): Regular Mid-Grade Premium

OTHER INFO OR REQUESTS: _____

