Dave's Auto Service Boyertown, PA 610-367-1844

COOLING SYSTEM QUESTIONNAIRE

Please take a few minutes to complete this form to the best of your ability so we may serve you better. Bring it with you to your scheduled appointment or place it in the drop box envelope with your keys for a night drop off. Thank you.

Customer Name:				Radio code:	
Address:		City:	Sta	te: ZIP	·
Phone No:	🗆 Call 🔲 Text	Phone No:	,	🗆 Cal	I □ Text
Vehicle Year, Make & Model:_			Mileage(d	optional):	
Does your vehicle have wheel	locks?□Yes □No If	f so, Key locat	tion:		
**Please check all applicable b	ooxes and fully describe	e the conditio	n that applies to you	ır vehicle.	
Cooling system problem					
☐ Overheating ☐ Coolant le	eaking under vehicle	☐ Coolant le	aking inside vehicle	☐ Coolar	nt light on
☐ Coolant light goes on and of	ff ☐ Steam/smoke	from under t	he hood \Box Chec	k engine lig	ht is on
\square I am constantly adding cool	ant 🗆 I hear gurg	gling sounds	☐ Temperatui	e light is on	
☐ Temperature gauge is: ☐ E	Below normal 🔲 Nor	rmal 🗆 Ab	ove normal		
The problem occurs: \Box Alway	ys \square Sometimes (1 $lpha$	or 2 times a w	veek) \square Rarely (1	or 2 times a	month)
\square Just started \square Happens at	highway speeds \Box S	low traffic	\square Pulling a trailer		
Other					
AC was on? ☐ Yes ☐ No	Heater was on? ☐ Ye	es 🗌 No	AC and heater were	e off? ☐ Yes	s 🗆 No
Outside temperature: \square Cold	I □Warm □ Ho	t 🗆 Humic	l or raining		
<u>Unusual noise</u> : ☐ Unusual noi	se (please describe)				
When was your last BG Cooling	g System Flush Service	? □ Date	Mileage		□Never
Additional Comments:					
Cignatura					
Signature			Date		