



1997 ECONOMIC CENSUS

PETS AND PET SUPPLY STORES

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

RT-5915

RT

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.
Example: If a figure is **\$1,125,628.79** • Preferred report

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS
Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

Mil.	Thou.	Dol.
010		

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months
a. How many months during 1997 was this establishment actively operated? 002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil.	Thou.	Dol.
030		
031		

a. Annual

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Number
032

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

Pet shop 5999101

Pet food and supply store 5999103

Aquarium store 5999102

Pet food distributor 5149901

Pet or pet supplies distributor 5199901

Pet breeder 0752102

Pet care services, except veterinary services (e.g., boarding, training, grooming, pet sitting, etc.) 0752201

Other kind of business – Describe 7777777

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued

b. Selling characteristics

1. In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box. 068

From physical displays of priced merchandise . . . 1

From a counter (little or no display) 2

From a warehouse or office 3

Other – Describe 4

2. How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box. 069

Location and store attractiveness 1

Advertising to the general public, including direct mail advertising 2

Advertising to the trade or calls directly to customers 3

Other – Describe 4

Item 8. METHOD OF SELLING

What was this establishment's PRINCIPAL method of selling in 1997? Mark (X) only ONE box. 235

Selling at this establishment 1

Mail order (include catalog selling and home shopping via television or computer) 2

Telemarketing 3

Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4

Operating merchandise vending machines 5

Item 9. CLASS OF CUSTOMER Whole percent of sales

Report the percentage of this establishment's total sales in 1997 (item 4) to each class of customer.

a. General public (household consumers and individuals) 237

b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government 239

Item 10. MERCHANDISE LINES

Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

• Report whole percents → **39**

Not acceptable → 38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Pets, pet foods, and pet supplies	230	231			232
a. Pets (Report fish on line 1d)	0801				
b. Pet foods (Report fish food on line 1d)	0802				
c. Pet supplies (Report fish supplies on line 1d)	0803				
d. Aquarium products and fish	0804				
e. Sum of lines 1a through 1d	0800				

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
2. Books	0420				
3. Lawn, garden, and farm equipment and supplies; cut flowers; plants and shrubs; fertilizers; etc.	0620				
4. All other merchandise (Report receipts for services on line 5)	9810				
<i>Specify principal lines and estimated sales below</i>					
a. 076	9811				
b. 077	9812				
c. 078	9813				
5. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Pet care services (Include pet boarding, grooming, and other pet care services. Report veterinary services on line 5b.)	9942				
b. All other nonmerchandise receipts	9965				
c. Sum of lines 5a and 5b	9900				
6. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. Not applicable to this report

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government – Specify _____

0 Corporation (Do not mark if any form of cooperative association)

9 Other – Specify _____

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 Yes – Complete this item

2 No – Skip to item 15

b. Is this company owned or controlled by another company?

Enter name, address, and EIN of the owning or controlling company

097 1 Yes →

2 No

EIN (9 digits) _____

c. Does this company own or control any other company or companies?

Enter name, address, and EIN of the owned or controlled company

098 1 Yes →

2 No

EIN (9 digits) _____

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

Number

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

RT

1	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
Census use⁰⁸⁸							
2	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
Census use⁰⁸⁸							
3	Name			1997	Mil.	Thou.	Dol.
	Number and street			Sales	081		
	City	State	ZIP Code	Annual payroll	082		
	Kind-of-business description			Paid employees for pay period including March 12			
				083			
Census use⁰⁸⁸							

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>			
Telephone	Area code	Number	Extension	Title		
Signature of authorized person						Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS