

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

RT-45302 (12/04/2006)

2007 ECONOMIC CENSUS

Pet and Pet Supplies Stores

OMB No. 0607-0927: Approval Expires 12/31/2008

DUE DATE FEBRUARY 12, 2008

Mail your completed form to:

U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

1 EMPLOYER IDENTIFICATION NUMBER

RT-45302

INFORMATION COPY DO NOT USE TO REPORT

(Please correct any errors in this mailing address.)

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 U.S. Census Bureau. By the same
law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.
e blue or black ballpoint pen • Please center numbers in their respective boxes Examples:

Use blue or black ballpoint pen.
Do not use pencil or felt-tip pen.
Do not put slashes through 0 or 7.
Place an "X" inside the box.

Examples:

0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

	ls the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?
	0021
2	PHYSICAL LOCATION A. Is this establishment's physical location the same as shown in the mailing address?

A. Is this establishment's physical location the same as shown in the mailing address?

(P.O. Box and rural route addresses are not physical locations.)

0031	ш	res - Go to line b					1		1	
			0035 Number and street							
0032		No - Enter → physical								
		location	0036 City, town, village, etc.	0037	State	0038	ZIP C	ode		
								1 1	-	

В.	Is this establishment physically	located	inside the	legal	boundaries	of the	city,	town,	village,	etc.
	(Mark "X" only ONE box.)			Ū			•			

(iviari	K X ONLY ONE D	ιοχ.)							
0041		Yes 0042		No 0043		No legal boundaries 004	4 [Do not	know	
C. I	n wh	nat type of munic	ipal	ity is this establis	hme	nt physically located? (Mark ")	(" o	nly ONE bo	ox.)	
0046		City, village, or	bor	ough 0047		Town or township 0048	. [Other	0024	Do not know

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C)
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LC	1
4	r

## OPERATIONAL STATUS Which ONC of the following best describes this establishment's operational status at the end of 2007? (Mark 'X' only ONE box.)		111-450	JOE (12/04/2006)											i age z
Ceased operation - Give date at right Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Mentification Number (EIN) below?	_	Which O	NE of the follo	wing best descri	bes this establish	nment's	operational s	tatus at	the e	end o	f 2007?)		
Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer (dentification Number (EIN) below? 1000		0011	In operation			0013	Temporarily	or seas	onall	ly inac	ctive			
Sold or leased to another operator - Give date at right AMD enter name and address of new owner or operator and Employer Identification Number (EN) below? Seed Name of new owner or operator		0014	Ceased operat	ion - <i>Give date</i>	at right						Month	Day	Yea	ar
Other - Specify Other - Specify MONTHS IN OPERATION Mark 'X' 2007 If None REPORT DOLLAR FIGURES If a value is '0' for less than \$500.00!: Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) Not Applicable. PEMPLOYMENT AND PAYROLL Include: - Value and part-time employees whose payroll was filed under the Employer Identification Number (EIN) shown in the mailing address or contexted in Outstands or material from a staffing service. - Vertication of the propers of		0015	AND enter nai	me and address	of new owner or	operato	or			0018				
Soles City, town, village, etc. Soles City, town, village, etc. Soles State Soles ZIP Code			0060 Name of n	iew owner or opei	ator				0	061 EI	N (9 diç	gits)		
Sole City, town, village, etc. Sole Other - Specify			acco Mailing and	I.I /Nl		-4-\					-			
MONTHS IN OPERATION Mark "X 2007			0062 Mailing ac	idress (Number ar	id street, P.O. Box,	etc.)								
MONTHS IN OPERATION Mark *X 2007			0063 City, town	, village, etc.				0064 St	ate 0	065 ZI	P Code			
MONTHS IN OPERATION Mark 'X' 2007												-		
Number of months in operation during 2007 (If none, mark "X" and go to ①.) Dollar figures should be rounded to thousands of dollars. General Popular Popu		0016	Other - Specif	.y — 0815 										
HOW TO REPORT DOLLAR FIGURES If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE **SALES, SHIPMENTS, RECEIPTS, OR REVENUE **SALES, SHIPMENTAND PAYROLL Include: **Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number [EIN] shown in the mailing address or corrected in **O.** **Exclude: **Temporary staffing obtained from a staffing service. **Contractors, subcontractors, or independent contractors. **Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.* **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services, such as janitorial, guard, or landscape services. **Purchased or managed services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. **Purchased or managed services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. **Purchased or managed services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. **Purchased or managed services purchased from another firm, such as software consulting, computer progra					2007 (If none m	ark "X"	and go to 🚳)							
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If a value is "0" (or less than \$500.00): Report Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.)) t	housands of do	llars.	το		if I	Vone	\$ Bil	. M	lil.		Dol.
SALES, SHIPMENTS, RECEIPTS, OR REVENUE Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) Mark "X 2007			s "	_			_	- [+	1	0 2 6	
Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) Not Applicable. EMPLOYMENT AND PAYROLL Include: Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in . Exclude: Temporary staffing obtained from a staffing service. Contractors, subcontractors, or independent contractors. Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12. B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" 2007 if None Number . Mark "X 2007 if None Number . A. Number of employees for pay period including March 12						00):	Report —		<u>×</u>					
Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) 3 Not Applicable. FMPLOYMENT AND PAYROLL Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12. B. Payroll before deductions (Exclude employer's cost for fringe benefits.) **India Name** Tax** **2007** **If None** **Mark "X*** **2007** **If None** **Mark "X*** **2007** **If None** **Bill. Mill. Thou. Dol. **Dol. **Annual payroll	5	SALES, S	SHIPMENTS, RI	ECEIPTS, OR RE	VENUE					,	1			
EMPLOYMENT AND PAYROLL Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in •. Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12. B. Payroll before deductions (Exclude employer's cost for fringe benefits.) **India								Г		\$ 811	. IV		I hou.	Dol.
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 Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). Mark "X" 2007 if None Number Number of employees for pay period including March 12		• Ten	mporary staffing											
Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. Mark "X"							d under an en	nployee	leas	ing co	ompan	y's Ell	V.	
consulting, computer programming, engineering, or accounting services. Mark "X" 2007 For further clarification, see information sheet(s). A. Number of employees for pay period including March 12				_	•	_	•							
A. Number of employees for pay period including March 12										N	1ark "X'	,	2007	
B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" 2007 if None \$Bil. Mil. Thou. Dol.		For furth	ner clarification,	see information	n sheet(s).								Number	
B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll		A. Numl	ber of employe	es for pay perio	d including Marc	h 12				0320			1 1 1	ı
		B. Payro	oll before dedu	ctions (Exclude	employer's cost f	or fringe	e benefits.)			\$ Bil	. N			Dol.
2. First quarter payroll (January-March, 2007)		1. Aı	nnual payroll					0300						
		2. Fi	rst quarter pay	roll (January-Ma	arch, 2007)			0310					<u> </u>	

Form RI-45302 (12/04/20	
If not shown, please on Number (CFN) from the	enter your 11-digit Census File he mailing address.
8-18 Not Applicable	e.
KIND OF BUSINESS Which ONE of the to	following best describes this establishment's principal kind of business in 2007?
⁰⁷⁰⁰ 453 910 00 2	Pet shop
453 910 00 1	Pet food and supply store
453 910 00 3	☐ Aquarium store
453 910 00 4	☐ Wild bird feed and supplies store
444 220 20 3	Feed store, selling primarily for animals other than pets
424 490 60 3	Pet food distributor
424 990 40 2	Pet or pet supplies distributor
112 990 00 1	Pet breeding service
541 940 00 1	☐ Veterinary services
812 910 00 2	Pet care service, including boarding, training, pet sitting, etc., excluding veterinary services
772 000 00 1	Other kind of business - Specify
0701	
20 CLASS OF CUSTON	MER
A. As a general bu	usiness practice, did this establishment sell to household consumers and individual users in 2007?
0251 Yes	
0252 No	
R Were 75% or m	nore of this establishment's sales to retailers/wholesalers for resale in 2007?
0256 Yes	ore of this establishment's sales to retailers/wholesalers for result in 2007;
0257 No	
	shment require proof of business or professional license from new customers in 2007?
0276 Yes	
0277 L No	

CONTINUE WITH **②** ON PAGE 4

Form RT-45302 (12/04/2006)

20	CLA	SS (OF CUSTOMER - Continued	
				2007
	D. E	stim Circi	nate the percentage of this establishment's total sales (reported in ⑤) by class of customer. Ie all that apply and then report percentages for the items circled.)	Whole percen of sales and receipts
	1	۱.	Household consumers and individual users	%
	2	2.	Retailers for resale	%
	3	3.	Wholesale establishments for resale	%
	4	۱.	Repair shops for use in repair work	%
	5	j.	Manufacturing and mining industrial users for use as input goods in production	%
	6	5 .	Restaurants, hotels, food services, and contract feeding	%
	7	·.	Businesses for end use in their own operation, not for resale or production	%
	8	B.	Building contractors, heavy construction, and special trade contractors	%
	9).	Farmers for use in farm production	%
	1	0.	Governmental bodies (Federal, state, and local)	%
	1	1.	Export sales	%
	1	2.	Other - Specify 7	
				%
			0874 0272	1 0 0 %
	1	3.	TOTAL	7 0 0 70
20	Whi	ch O	D OF SELLING INE of the following best describes this establishment's principal method of selling in 2007? (" only ONE box.)	
	0751		Electronic commerce (selling goods or facilitating the sale of goods via the Internet or other electronic	onic means)
	0752		Store or display showroom (selling from a fixed or permanent location with physical displays of p merchandise and/or from a counter)	riced
	0753		Warehouse or office (including telephone/fax orders or outside sales representatives)	
	0754		Mail order	
	0755		Home shopping via television	
	0756		Direct selling (selling in a face-to-face manner away from a fixed location, such as house-to-house plan, or temporary kiosk sales)	, party
	0757		Vending machines	
	0758		Other - Specify	
		0759		
				·

					Estimat	2007 es are acce	ptable	
	HOW TO REPORT					Iollars OR p		
	PERCENTS If figure is 38.76% of			\$ Bil.	Mil.	Thou.	Dol.	Percer
	total sales:	Report whole perce	ents		1 1			3
2	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR RE (Report sales for each product line sold by this est sales (reported in ⑤). See HOW TO REPORT DOL	ablishment, either as a	dollar 2 and	figure HOW 7	or as a w O REPOR	T PERCEN	ent of ITS ab	total ove.)
			Cen-		Estimat	2007 es are acce	ntable	
	Description of sales, shipments, receipts, or	revenue	sus			lollars OR p		
_				\$ Bil.	Mil.	Thou.	Dol.	Percer
3			0720	0721				0722
	Pets, pet foods, and pet supplies							
	a. Pets (Report fish on line 1d.)		20801	1				1 1
	b. Pet foods, including wild bird feed (Report fish	food on line 1d.)	20802					
	c. Pet supplies, including wild bird supplies (Repo							
	line 1d.)		20803					
	d. Aquarium products and fish		20804					
	e. Sum lines 1a through 1d		20800					
			2000					
	Books		20420					
	Lawn, garden, and farm equipment and supplies; of shrubs; fertilizers; animal feed, other than for pets;	cut flowers; plants and etc.	20620					
	All other merchandise (Report receipts for services principal lines and estimated sales below	on line 5.) Specify	29810					
	a.		29811	1		1 1		1 1
	b.		20012					
			29812					
	C		29813					
	All nonmerchandise receipts, including receipts from and other services provided to customers EXCLUD OTHER TAXES	om rentals, storage, IING SALES AND						
	a. Pet care services, including pet boarding, groot	ming, and other pet						
	care services (Report veterinary services on line	e <i>5b.)</i>	29942					
	b. All other nonmerchandise receipts		29965					
	c. Sum lines 5a and 5b		29900					
								1 0
	TOTAL (Should equal 9 if reporting in dollars.)		29990			1 1		, ,

orm RT-45302 (12/04/2006) Page 6

-Orini R1-49302 (12/04/2006)	Page o
24 SHIPPING AND HANDLING	
A. Did this establishment have any receipts from customers for shipping an	nd handling of merchandise in 2007?
o ₉₈₁ ☐ Yes - <i>Go to line B</i>	2007
0982 □ No - <i>Go to</i> ②	Estimates are acceptable
0982 No - Go to 🥸	\$ Bil. Mil. Thou. Dol.
B. Receipts of this establishment from customers for shipping and handling merchandise	g of
C. Are receipts for shipping and handling included in sales and receipts (re	eported in ⑤)?
ogg	
0989	
Not Applicable.	
SPECIAL INQUIRIES	
FRANCHISE	
Was this establishment operating under a trademark authorized by a fram (Mark "X" only ONE box.)	inchisor in 2007?
Yes - franchisee owned establishment	
Yes - franchisor owned establishment	
0239 No	
27-29 Not Applicable.	
30 CERTIFICATION - This report is substantially accurate and was prepared in a ls the time period covered by this report a calendar year? ☐ Yes ☐ No - Enter time period covered → FROM	
Yes No - Enter time period covered	
Name of person to contact regarding this report Title	
Area code Number Extension Telephone - Fa	Area code Number
Internet e-mail address	Month Day Year
	Date completed
Thank you for completing your 2007 FCONO	OMIC CENSUS form
Thank you for completing your 2007 ECONO	JIVIIC CEIVOUS TORM.

Thank you for completing your 2007 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.