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

**FORM**
PS-54121 (11-16-2011)

**2012 ECONOMIC CENSUS**
Veterinary and Pet Care Services

OMB No. 0607-0934: Approval Expires 12/31/2013

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**DUE DATE**
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?
- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

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**INFORMATION COPY**
DO NOT USE TO REPORT

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Report Online - It's fast and secure!
- **Go to:** econhelp.census.gov

- OR -

Mail your completed form to:

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

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**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.

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- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

0123456789

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**1 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

- **Yes - Go to 2**
- **No - Enter current EIN (9 digits)**

0021 [ ] Yes - Go to 0022 [ ] No - Enter current EIN (9 digits) 0025

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**2 PHYSICAL LOCATION**

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.)

- **Yes - Go to line B**
- **No - Enter physical location**

0031 [ ] Yes - Go to line B 0035 Number and street

0032 [ ] No - Enter physical location

0036 City, town, village, etc. 0037 State 0038 ZIP Code

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CONTINUE WITH 3 ON PAGE 2
### PHYSICAL LOCATION - Continued

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

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0041</td>
<td>☐</td>
<td>Yes</td>
<td>0042</td>
<td>☐</td>
<td>No</td>
<td>0043</td>
<td>☐</td>
<td>No legal boundaries</td>
</tr>
</tbody>
</table>

**C.** In what type of municipality is this establishment physically located?  
*(Mark "X" only ONE box.)*

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<tbody>
<tr>
<td>0046</td>
<td>☐</td>
<td>City, village, or borough</td>
<td>0047</td>
<td>☐</td>
<td>Town or township</td>
<td>0048</td>
<td>☐</td>
<td>Other</td>
</tr>
</tbody>
</table>

### OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?  
*(Mark "X" only ONE box.)*

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<tbody>
<tr>
<td>0011</td>
<td>☐</td>
<td>In operation</td>
<td>0013</td>
<td></td>
<td>Temporarily or seasonally inactive</td>
<td>0014</td>
<td></td>
<td>Ceased operation - Give date at right</td>
</tr>
</tbody>
</table>

#### NAME OF NEW OWNER OR OPERATOR

If a figure is $2,035,628.79:

- Mark "X" if None

#### Mailing address (Number and street, P.O. Box, etc.)

#### City, town, village, etc.

#### State

#### ZIP Code

#### Other - Specify

### MONTHS IN OPERATION

Number of months in operation during 2012 *(If none, mark "X" and go to 50.)*

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#### SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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</tbody>
</table>

Not Applicable.
### 7 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 to the left of the mailing address or corrected in 1.

**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

<table>
<thead>
<tr>
<th>2012 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### B. Payroll before deductions (Exclude employer’s cost for fringe benefits.)

<p>| 2012 |</p>
<table>
<thead>
<tr>
<th>$ Bil.</th>
<th>Mil.</th>
<th>Thou.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. Annual payroll .......................... 0300

2. First quarter payroll (January-March 2012) .......................... 0310

### 19 KIND OF BUSINESS OR ACTIVITY

Which **ONE** of the following best describes this establishment’s principal kind of business or activity in 2012? If none of the provided selections seem appropriate, provide a specific description of the primary business activity. **Mark “X” only ONE box.**

#### Veterinary and pet care services

<table>
<thead>
<tr>
<th>0700</th>
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<tbody>
<tr>
<td>541 940 00 1</td>
</tr>
<tr>
<td>812 910 00 5</td>
</tr>
<tr>
<td>812 910 00 6</td>
</tr>
<tr>
<td>541 940 00 2</td>
</tr>
</tbody>
</table>

#### Other kind of business or activity

<table>
<thead>
<tr>
<th>0701</th>
</tr>
</thead>
<tbody>
<tr>
<td>773 000 00 2</td>
</tr>
</tbody>
</table>
## CLASS OF CUSTOMER

Estimate the percentage of receipts (reported in 9) by class of customer.

<table>
<thead>
<tr>
<th>Class of Customer</th>
<th>Whole percent of receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Business firms and farms</td>
<td></td>
</tr>
<tr>
<td>2. Not-for-profit organizations <em>(Include religious organizations.)</em></td>
<td></td>
</tr>
<tr>
<td>3. Federal government</td>
<td></td>
</tr>
<tr>
<td>4. State and local governments</td>
<td></td>
</tr>
<tr>
<td>5. Household consumers and individuals <em>(Report receipts from individually owned businesses on line 1.)</em></td>
<td></td>
</tr>
<tr>
<td>6. TOTAL</td>
<td>100%</td>
</tr>
</tbody>
</table>

## SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of your enterprise (rather than for the general public or other business firms) in 2012?

- **0998**: Yes
- **0999**: No

## DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

*(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 9). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)*

<table>
<thead>
<tr>
<th>Description of sales, shipments, receipts, or revenue</th>
<th>$ Bil.</th>
<th>Mil.</th>
<th>Thou.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Veterinary services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Routine veterinary examinations</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Surgical treatment of animals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Non-surgical treatment of animals</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Veterinary laboratory services</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

<table>
<thead>
<tr>
<th>Description of sales, shipments, receipts, or revenue</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report thousands of dollars OR whole percents. Estimates are acceptable.</td>
</tr>
<tr>
<td></td>
<td>$ Bil.</td>
</tr>
</tbody>
</table>

1. **Veterinary services - Continued**
   
   e. Veterinary inspection and disease investigation services 37945
   
   f. **Add lines 1a through 1e** 37940

2. **Pet care services**
   
   a. Pet grooming services 36652
   
   b. Pet boarding services 36653
   
   c. Animal boarding services, excluding pets 36654
   
   d. Pet funeral services 36655
   
   e. Pet sitting and dog walking 36656
   
   f. Race animal training services 36657
   
   g. Animal training services, excluding race animals 36658
   
   h. Other pet care services - Describe 36659
   
   i. **Add lines 2a through 2h** 36660

3. **Resale of pet and animal supplies** 39699

4. **Resale of other merchandise** - Describe if more than 10 percent of total receipts 39629

5. **All other operating receipts** - Describe if more than 10 percent of total receipts 39788

6. **TOTAL OPERATING RECEIPTS** - Sum of lines should equal 100 if reporting in dollars 39850

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Not Applicable.

Exported Services

NOTE - An exported service is a product (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Include products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms.

A. Did the receipts or revenue (reported in 5) include any amounts for exported services?

0911  Yes - Go to line B
0912  No - Go to 20

B. Amount of receipts or revenue for exported services

<table>
<thead>
<tr>
<th>2012</th>
<th>$ Bil.</th>
<th>Mil.</th>
<th>Thou.</th>
</tr>
</thead>
</table>

Special Inquiries

Franchise

1. Was this establishment operating under any trademark(s) authorized by a franchisor in 2012? (Mark “X” only ONE box.)

0237  Yes - franchisee-owned establishment
0238  Yes - franchisor-owned establishment
0239  No

2. If yes, provide the trademark(s) below.

27 - 29  Not Applicable.

Remarks

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

Certification

This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐ Yes  ☐ No - Enter time period covered

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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Name of person to contact regarding this report

Title

<table>
<thead>
<tr>
<th>Area code</th>
<th>Number</th>
<th>Extension</th>
<th>Area code</th>
<th>Number</th>
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Telephone

Fax

E-mail address

Date completed

Thank you for completing your 2012 Economic Census form.

Please photocopy this form for your records and return the original.