



2012 ECONOMIC CENSUS

Veterinary and Pet Care Services

FORM
PS-54121 (11-16-2011)

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

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.

PS-54121

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DO NOT USE TO REPORT**

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

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.

- 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:

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).

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?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025

 -

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.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

 -

CONTINUE WITH **2** ON PAGE 2

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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.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

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

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

3 OPERATIONAL STATUS

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

0011 In operation

0013 Temporarily or seasonally inactive

0014 Ceased operation - *Give date at right* →

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0015 Sold or leased to another corporation - *Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below* →

<input type="text"/>									
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0060 Name of new owner or operator 0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>						
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0062 Mailing address (Number and street, P.O. Box, etc.)

<input type="text"/>

0063 City, town, village, etc. 0064 State 0065 ZIP Code

<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
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0016 Other - *Specify* →

<input type="text"/>



4 MONTHS IN OPERATION

Mark "X" if None 2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

<input type="text"/>	<input type="text"/>
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HOW TO REPORT DOLLAR FIGURES		Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2012			
		If a figure is \$2,035,628.79 : Report → <input type="checkbox"/>		\$ Bil.	Mil.	Thou.	
		If a value is "0" (or less than \$500.00): Report → <input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXAMPLE

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None 2012

Operating receipts 0100

<input type="text"/>							
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6 Not Applicable.

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

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 7.

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).

Mark "X" if None

2012 Number

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A. Number of employees for pay period including March 12, 2012 0030

B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" if None

	2012		
	\$ Bil.	Mil.	Thou.
1. Annual payroll 0300 <input type="checkbox"/>			
2. First quarter payroll (January-March 2012) 0310 <input type="checkbox"/>			

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8-18 Not Applicable.

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

- 0700 541 940 00 1 Veterinary services
- 812 910 00 5 Pet care services, including boarding, animal shelters, kennels, training, pet sitting, etc. (Exclude veterinary services.)
- 812 910 00 6 Pet grooming
- 541 940 00 2 Veterinary testing laboratory

Other kind of business or activity

773 000 00 2 Other kind of business or activity - Describe type of business or activity ↴

0701

54121033



20 CLASS OF CUSTOMER

Estimate the percentage of receipts (reported in 5) by class of customer.

2012			
Whole percent of receipts			
			%
			%
			%
			%
			%
100			%

- 1. Business firms and farms 3108
- 2. Not-for-profit organizations (Include religious organizations.) 3107
- 3. Federal government 3105
- 4. State and local governments 3106
- 5. Household consumers and individuals (Report receipts from individually owned businesses on line 1.) 3100
- 6. **TOTAL**

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21 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

HOW TO REPORT PERCENTS



Percents should be **rounded to whole** percents.

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

2012			
Report thousands of dollars OR whole percents. Estimates are acceptable.			
\$ Bil.	Mil.	Thou.	Percent
			39

22 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 5). 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.)

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
1. Veterinary services				
a. Routine veterinary examinations 37941				
b. Surgical treatment of animals 37942				
c. Non-surgical treatment of animals 37943				
d. Veterinary laboratory services 37944				

CONTINUE WITH 22 ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
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 36651				
b. Pet boarding services 36652				
c. Animal boarding services, excluding pets 36653				
d. Pet funeral services 36654				
e. Pet sitting and dog walking 36655				
f. Race animal training services 36656				
g. Animal training services, excluding race animals 36657				
h. Other pet care services - Describe ↴				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>				
i. Add lines 2a through 2h 36650				
3. Resale of pet and animal supplies 39699				
4. Resale of other merchandise - Describe if more than 10 percent of total receipts ↴				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>				
5. All other operating receipts - Describe if more than 10 percent of total receipts ↴				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>				
6. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars 39850				100

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23 and 24 Not Applicable.

25 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 **26**

2012		
\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Amount of receipts or revenue for exported services 0914

26 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. ↴

0235

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27-29 Not Applicable.

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

30 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 →

FROM	Month	Year	TO	Month	Year
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

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.

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