



1992 CENSUS OF RETAIL TRADE
PETS, PET SUPPLIES

OMB No. 0607-0719: Approval Expires 06/30/94

DUE DATE: FEBRUARY 15, 1993

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

CB-5915

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 (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No - Report current EI No. below

(9 digits)

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 3 ☐ No legal boundaries
2 ☐ No 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 is this establishment physically located?

Item 3. OPERATIONAL STATUS

Number of months

002

a. How many months during 1992 was this establishment actively operated?

b. Which of the following best describes this establishment's status at the end of 1992? 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

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 Acceptable

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

Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1992 (Exclude sales or other taxes collected)

Mil.	Thou.	Dol.
010		

Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

031		
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b. First quarter (January-March)

Item 6. EMPLOYMENT

Number

032

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

070

Pet shop ☐ 599911
Aquarium store ☐ 599912
Pet food and supply store ☐ 599913
Pet grooming service ☐ 9075200
Veterinarian ☐ 873400
Other kind of business - Describe ☐ 777777

Item 8. METHOD OF SELLING

What was this establishment's PRINCIPAL method of selling in 1992? 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 CUSTOMERWhole percent
of sales

Report the percentage of this establishment's total sales in 1992 (item 4) to each class of customer.

237

a. General public (household consumers and individuals)

239

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

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 Not acceptable	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
					39
					38.76
Merchandise lines	Cen- sus use	Mil.	Thou.	Dol.	Per- cent
1. Pets, pet foods, and pet supplies	230	231			232
a. Pets (Report fish on line 1d)	801				
b. Pet foods (Report fish food on line 1d)	802				
c. Pet supplies (Report fish supplies on line 1d)	803				
d. Aquarium products and fish	804				
e. Sum of lines 1a through 1d	800				
2. Books	420				
3. Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc.	620				
4. All other merchandise (Report receipts for services on line 5) Specify principal lines and estimated sales below	890				
a.	891				
b.	892				
c.	893				
5. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Pet boarding	942				
b. All other nonmerchandise receipts (include pet grooming and other pet services, etc.)	965				
c. Sum of lines 5a and 5b	900				
6. TOTAL (Should equal item 4 if reporting in dollars)	990				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 1992? 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 _____
 6 ☐ 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?

- 097 1 ☐ Yes →
 2 ☐ No

Enter name, address, and EI Number of the owning or controlling company

EI No. (9 digits)

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

- 098 1 ☐ Yes →
 2 ☐ No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1992?

Number
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.

Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	Annual payroll	082		
State				
ZIP Code				
Kind-of-business description	Paid employees for pay period including March 12	083		
	Census use	088		
Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	Annual payroll	082		
State				
ZIP Code				
Kind-of-business description	Paid employees for pay period including March 12	083		
	Census use	088		

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 - Print or type

Title

Telephone Area code Number Extension

Signature of authorized person

Date