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I. The company is a: Retailer Distributor Manufacturer/Importer
 Other (please specify) _____

II. Please check the PRIMARY category that applies to this location:

- | | |
|--|---|
| A. <input type="checkbox"/> Independent Pet Supply outlet | J. <input type="checkbox"/> Feed Dealer |
| B. <input type="checkbox"/> Franchise and/or Chain Pet Supply Outlet | K. <input type="checkbox"/> Hardware, Lawn & Garden Store |
| C. <input type="checkbox"/> Aquarium Specialty Store | L. <input type="checkbox"/> Mail Order/Catalog |
| D. <input type="checkbox"/> Pet Boutique/Gift Shop | M. <input type="checkbox"/> Grocery Chain/Mass Merchandiser |
| E. <input type="checkbox"/> Online Pet Retailer | N. <input type="checkbox"/> Pet Supply Wholesaler
(including Buyers and Salespeople) |
| F. <input type="checkbox"/> Other Types of Pet Supply Outlet
(please specify) _____ | O. <input type="checkbox"/> Companion Animal Wholesaler |
| G. <input type="checkbox"/> Grooming Business | P. <input type="checkbox"/> Breeder |
| H. <input type="checkbox"/> Boarding Kennel | Q. <input type="checkbox"/> Other (please specify) _____ |
| I. <input type="checkbox"/> Veterinary Clinic | |

III. Do you offer the following services? If yes, please select below:

- | | |
|--------------------------------------|--|
| A. <input type="checkbox"/> Grooming | C. <input type="checkbox"/> Spa |
| B. <input type="checkbox"/> Boarding | D. <input type="checkbox"/> Pet Day Care |

IV. Does your business sell any of the following:

- | | | |
|---|--|--|
| A. <input type="checkbox"/> Aquarium Products | F. <input type="checkbox"/> Reptile Products | J. <input type="checkbox"/> Companion Animals |
| B. <input type="checkbox"/> Bird Products | G. <input type="checkbox"/> Small Animal Products | K. <input type="checkbox"/> Packaging and
Promotional Materials |
| C. <input type="checkbox"/> Cat Products | H. <input type="checkbox"/> Pet Food | L. <input type="checkbox"/> Premiums |
| D. <input type="checkbox"/> Dog Products | I. <input type="checkbox"/> Pet-Related Gifts or
Boutique Items | M. <input type="checkbox"/> None of the Above |
| E. <input type="checkbox"/> Grooming Products | | |

V. Does your business sell live animals? If yes, please select below:

- | | | |
|-----------------------------------|----------------------------------|---|
| A. <input type="checkbox"/> Birds | C. <input type="checkbox"/> Dogs | E. <input type="checkbox"/> Reptiles |
| B. <input type="checkbox"/> Fish | D. <input type="checkbox"/> Cats | F. <input type="checkbox"/> Small Animals |

VI. Which of the following magazines do you

- | | |
|--|--|
| Receive: | Read: |
| A. <input type="checkbox"/> Pet Age | D. <input type="checkbox"/> Pet Age |
| B. <input type="checkbox"/> Pet Business | E. <input type="checkbox"/> Pet Business |
| C. <input type="checkbox"/> Pet Product News | F. <input type="checkbox"/> Pet Product News |

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ANSWER ALL THE QUESTIONS, SIGN AND DATE THE CARD**

Your Name (please print) _____

Signature _____

Date _____

Your Job Title _____

Company Name _____

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Country* _____

Business Telephone (required) _____

Fax _____

Email _____

THANK YOU

For taking the time to renew your
subscription to Pet Age.

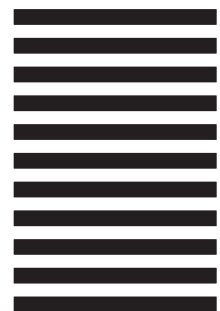
To make sure your renewal request is processed:

- Answer all the questions
- Sign and date the card
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