

Demographic Profile Form

Name: _____ Number: _____ Type of Practice: _____

Depending on how you would like your report returned, please provide your email, fax or mailing address

How would you like your distance calculated? _____ Miles? _____ Driving Time (recommended)?

What radius/radius' would you like to use? _____ (10-15 small animal practice; 30-40 kennel or emergency clinic; 45-50 for a specialty practice; 30-40 for mobile and large animal practices)

Please fill out up to 5 addresses that you would like me to compare. Also include any information that you think might be relevant about the different sites (i.e. near a park or next to an airport).

Address One: _____

City _____ State _____

Additional Information that would be useful about this site? _____

Address Two: _____

City _____ State _____

Additional Information that would be useful about this site? _____

Address Three: _____

City _____ State _____

Additional Information that would be useful about this site? _____

Address Four: _____

City _____ State _____

Additional Information that would be useful about this site? _____

Address Five: _____

City _____ State _____

Additional Information that would be useful about this site? _____