

Fill in this information to identify the case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF LOUISIANA

Case number (if known): _____ Chapter **11**

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name **Dodge City Veterinary Hospital, Inc.**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 7 2 - 1 4 4 5 9 9 5

4. Debtor's address **Principal place of business** **Mailing address, if different from principal place of business**

102 Hatchell Lane
Number Street

102 Hatchell Lane
Number Street

P.O. Box

Denham Springs LA 70726
City State ZIP Code

Denham Springs LA 70726
City State ZIP Code

Livingston
County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor **Dodge City Veterinary Hospital, Inc.**

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>

0 7 4 0

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11.

Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor **Dodge City Veterinary Hospital, Inc.**

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes.

Debtor _____ Relationship _____

District _____ When _____

Case number, if known _____

MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor _____ Relationship _____

District _____ When _____

Case number, if known _____

MM / DD / YYYY

11. Why is the case filed in this district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Dodge City Veterinary Hospital, Inc.**

Case number (if known) _____

- 14. Estimated number of creditors**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 15. Estimated assets**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 16. Estimated liabilities**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part X: Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/10/2016
MM / DD / YYYY

X /s/ Scott F. Smith **Scott F. Smith**
Signature of authorized representative of debtor Printed name

Title President

18. Signature of attorney **X /s/ B. Michael Grissom** Date 05/10/2016
Signature of Attorney for Debtor MM / DD / YYYY

B. Michael Grissom
Printed name

B. Michael Grissom, Attorney at Law
Firm Name

40552 Pelican Point Pkwy
Number Street

Gonzales **LA** **70737-8563**
City State ZIP Code

Contact phone (225) 278-4372 Email address bmgsr@bellsouth.net

22068 **LA**
Bar number State

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA
BATON ROUGE DIVISION

IN RE:
Dodge City Veterinary Hospital, Inc.

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
--	-------------------	-------------------	-----------------------------

Scott F. Smith
25220 Live Oak Street
Denham Springs, LA 70726

Common

100

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the Corporation
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 5/10/2016

Signature: /s/ Scott F. Smith
Scott F. Smith
President

Hill Pet Nutritional
PO Box 148
Topeka, KS 66601-0148

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
District Counsel
P.O. Box 30509
New Orleans, LA 70190

Livingston Parish School Board
P.O. Office Box 1030
Livingston, LA 70754-1030

Louisiana Department of Revenue
P.O. Box 66658
Baton Rouge, LA 70896

Louisiana Workforce Commission
UI Tax Liability and Adjudication
P.O. Box 94186
Baton Rouge, LA 70804-9186

Office of the U.S. Attorney
777 Florida Street, Suite 208
Baton Rouge, LA 70801

Office of the U.S. Trustee, Region V
400 Poydras Street, Suite 2110
New Orleans, LA 70130

US Department of the Treasury
Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Whitney Bank
228 St Charles Avenue
New Orleans, LA 70130

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA
(Local Form 1)**

IN RE DODGE CITY VETERINARY CLINIC, INC.

CASE NO.

**MAILING LIST
Verification**

Penalties for making a false statement or for concealing property are a fine of up to \$5000.00 or imprisonment for up to five (5) years, or both. (18 U.S.C. § 152 and 3571).

DECLARATION

We declare under penalty of perjury that the foregoing mailing list, comprising 1 pages, is true and correct. Signed on May 10 , 20 16 .

Signed: /s/ Scott F. Smith
(DEBTOR)

Signed: _____
(JOINT DEBTOR)

Signed: /s/ B. Michael Grissom
(ATTORNEY FOR THE DEBTOR)

**SHAREHOLDER RESOLUTION
DODGE CITY VETERINARY HOSPITAL, INC.**

WHEREAS, pursuant to the applicable governing documents of this corporation, it is deemed desirable and in the best interests of this corporation that the following actions be taken by the Shareholder of this corporation pursuant to this Written Consent:

NOW, THEREFORE, BE IT RESOLVED that the undersigned Shareholder of this corporation hereby consents to, approve and adopt the following:

RESOLVED THAT, it is in the best interests of the corporation to request relief in accordance with Chapter 11 of the United States Bankruptcy Code;

RESOLVED THAT, Scott F. Smith, an officer of this corporation (the "Officer") is, and any of them hereby is, authorized to execute, deliver and carry out on behalf of this corporation a Petition under Chapter 11 of the United States Bankruptcy Code, (the "Petition") substantially in the form presented to the shareholders, but with such changes and additions as the officer may deem to be in the best interests of this corporation (such determination that a change or addition is in the best interests of this corporation to be conclusively evidenced by such Officer's execution of the Petition).

RESOLVED FURTHER, that the Officer is, hereby authorized to do and perform any and all such acts, including execution of any and all documents and certificates, as the Officers shall deem necessary or advisable, to carry out the purposes of the foregoing resolutions.

RESOLVED FURTHER, that any actions taken by the Officer prior to the date of the foregoing resolutions adopted hereby that are within the authority conferred thereby are hereby ratified, confirmed and approved as the acts and deeds of this corporation.

This written consent shall be filed in the Minute Book of this corporation and become a part of the records of this corporation. This written consent may be signed by counter-part and by facsimile or email.

Date: May 10, 2016

/s/ Scott F. Smith

Signature

Scott F. Smith

Printed Name

100 (one hundred)

Number of Shares

Fill in this information to identify the case:

Debtor name Dodge City Veterinary Hospital, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF LOUISIANA

Case number _____
(if known)

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	US Dept of the Treasury Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-		941 Taxes	Disputed			\$1,922,179.00
2	LA Dept of Revenue P.O. Box 66658 Baton Rouge, LA 70896		Taxes	Disputed			\$377,604.00
3	Livingston Parish P.O. Office Box 1030 Livingston, LA 70754-1030		Sales Taxes	Disputed			\$21,908.00
4	Hill Pet Nutritional PO Box 148 Topeka, KS 66601-0148		Non-Purchase Money				\$4,000.00
5	LA Workforce Commission UI Tax Liability and Adjudication P.O. Box 94186 Baton Rouge, LA 70804-		Taxes				\$638.00

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF LOUISIANA
(Local Form 2)

IN RE

CASE NO.

DECLARATION REGARDING ELECTRONIC FILING

PART I: PETITIONER'S DECLARATION

- (1) I am the debtor in this case.
- (1)(a) **[If the debtor is a corporation, partnership or limited liability company]** I am a representative of the debtor and I am authorized to sign this declaration on behalf of the debtor.
- (2) I have authorized my attorney to electronically file documents in this case or any proceeding related to this case.
- OR
- [If the debtor is not represented by an attorney]** I will file documents on my own behalf in this case or any proceeding related to this case.
- (3) My electronic signature on any documents bearing a signature designation (“s/____”) filed in this case or any proceeding related to this case is my signature for all purposes authorized or required by law. My electronic signature on such documents shall have the same effect as my signature on the original documents.
- (4) The image of my signature on any document bearing my original signature is my signature for all purposes authorized or required by law.

- (5) **[If the debtor is not represented by an attorney]** I agree that I shall retain all original, signed documents filed in this case or any proceeding related to this case for five years after the closing of the case or proceeding in which the documents are filed.

I certify under penalty of perjury that the foregoing is true and correct. Signed on _____, 20____.

Signed: _____ Social Security Number: _____
(Debtor)

_____ Social Security Number: _____
(Joint Debtor)

PART II: DECLARATION OF ATTORNEY

- (1) I am the attorney for the debtor.
- (2) The debtor or representative of the debtor signed this declaration.
- (3) I acknowledge and accept the responsibility to maintain all original, signed documents filed in this case or any proceeding related to this case for five years after the closing of the case or proceeding in which the documents are filed.

I certify under penalty of perjury that the foregoing are true and correct. Signed on _____, 20____.

Signed: _____
(Attorney for Debtor)