Lamb Cut Sheet

Plant Address:
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Contact Name: _____

Address: _____

Phone: _____

Email: _____

*****FOR OFFICE USE ONLY*****

TAG #_____ **USDA____ CUSTOM____** **DATE_____**

WHOLE_____ **HALF_____** **NOTES:**

LIVE WEIGHT_____ **HANGING WEIGHT_____**

FREEZER FEE: UPON NOTIFICATION OF ORDER COMPLETION, YOU HAVE 3 DAYS TO PICKUP. AFTER 3 DAYS, A LATE FEE OF $10 PER DAY WILL BE CHARGED.

Use my Farm Logo
$100 Set Up Fee _____

***Please make a selection under EACH CATEGORY. If a box is left unchecked under ANY category that cut will go to ground *** PLEASE REVIEW CUTSHEET

LEG

Whole_____
Half_____
Stew Meat_____
Per Pack_____

LOIN CHOPS

Loin Chops_____
Stew Meat_____
Roast_____
Per Pack_____

SHOULDER

Whole-Roast_____
Steaks_____
Thickness_____
Grind_____
Per Pack_____

Specialty

Liver_____
Neck Slices_____
Kidneys_____
Heart_____

GROUND

1 LB. PKG._____
2 LB. PKGS ____

SPECIAL INSTRUCTIONS: