

#Lambs.
Name..... Date:
Business Name
Phone
Address Zip Code

LAMB CUTTING INSTRUCTIONS

<u>SHOULDER</u>		Chops	.....	Roasts	.....	Heart	.....
<u>BREAST</u>		Yes	.....	No	.....	Liver	.....
<u>LOIN</u>	CHOPS	Yes	.....	No	.....	Tongue	.....
	ROASTS	Yes	.....	No	.....	Hides	.....
<u>RIB</u>	RACK OF LAMB	Yes	.....	No	.....	
	CHOPS	Yes	.....	No	.....	
<u>LEG OF LAMB</u>		Bone-In	.....	Boneless	.....	
STEW MEAT	Yes	.....	No	.....		
LAMB SHANKS	Yes	.....	No	.....		
NECK SLICES	Yes	.....	No	.....		

PACKAGE SIZE:	.....	LOT #:	.....	LOT #:	.....	LOT #:	.....
CHOP THICKNESS:	.....	TAG #:	.....	TAG #:	.....	TAG #:	.....
ROAST SIZE:	.....	WEIGHT:	.....	WEIGHT:	.....	WEIGHT:	.....
GROUND PKG SIZE:						

Labels:

You agree that we are processing a chemical free animal.

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Customer Signature

PICK UP: MONDAY – THURSDAY 7:00 AM TO 2:00 PM, FRIDAY 7:00 AM TO 12:00 PM