



Customer Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Custom Exempt ☐ Inspected ☐

Double Wrap ☐ Vacuum Pack ☐ Label Name \_\_\_\_\_

## Lamb/Goat Processing

Grind lb/pkg \_\_\_\_\_ Steaks/pkg \_\_\_\_\_

Notes / Special  
Instructions \_\_\_\_\_

<b>Shoulders</b>							
Bone In/Boneless Roast	<input type="checkbox"/>		Steaks	<input type="checkbox"/>		Grind	<input type="checkbox"/>
			Thickness	_____		Stew meat	<input type="checkbox"/>
<b>Neck</b>							
Leave Whole	<input type="checkbox"/>		Neck Slices	<input type="checkbox"/>		Grind	<input type="checkbox"/>
<b>Legs</b>							
Whole - Bone In	<input type="checkbox"/>		Whole - Bone Out	<input type="checkbox"/>		Grind	<input type="checkbox"/>
Cut In Half - Bone In	<input type="checkbox"/>		Cut In Half - Bone Out	<input type="checkbox"/>		Stew meat	<input type="checkbox"/>
Center Cut Steaks	<input type="checkbox"/>						
<b>Loin</b>							
Bone In Roast	<input type="checkbox"/>		Loin Chops	<input type="checkbox"/>		Chop Thickness	_____
<b>Rib</b>							
Whole / Cut In Half	<input type="checkbox"/>		Rib Chops	<input type="checkbox"/>		Chop Thickness	_____
<b>Spare Ribs</b>							
Whole / Cut In Half	<input type="checkbox"/>		Riblets	<input type="checkbox"/>		Grind	<input type="checkbox"/>
<b>Shanks</b>							
Whole	<input type="checkbox"/>		Cut In Slices	<input type="checkbox"/>		Grind	<input type="checkbox"/>
<b>Ground Burger (Grind)</b>							
Double Wrapped	<input type="checkbox"/>		Vacuum Flat Pack	<input type="checkbox"/>			

\*ALL WRAPPING/VACUUM FEES ARE BASED OFF HANGING WEIGHT WITH A 110\$ MINIMUM\*

