



Date Dropped Off _____ **Lamb/Goat/Sheep** _____

USDA Approved Farm label Yes or No

Name/Farm _____ Customer Name _____

Phone #: _____ Email: _____

Animal ID(s) _____

Hanging Weight(s): _____ **Hb LOT#** _____

Please answer yes or no for the following cuts:

Family Size _____

Loin Chops _____ **Thickness** _____

Rib chops _____ **Thickness** _____ **OR Lamb Rack** _____

Leg: Bone In _____ **Boneless** _____

Shoulder: Bone In _____ **Boneless** _____

St louis Ribs _____

Shanks _____

Circle **One**: Stew **OR** Ground Per Pack (circle) 1lb 2lb 5lb

Heart Tongue Liver