

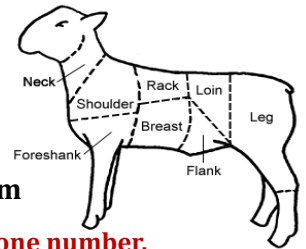


Lamb Cutting Instructions

Cut instructions must be received at the time of drop off.

If more than one option is selected in any section, please note how much of each is desired.

890 Marguerite Ave, Corning, CA 96021 530-824-6328 M-F 9am-5pm



Please fill this form out entirely. **By law we must have your first & last name, address, and phone number.**

Name: _____ Phone#: _____ ID# _____

Address: _____

Kill Date: _____ Owner Kill Ranchers Kill Hot Carcass Weight: _____

Whole Lamb Half Lamb (1/2) A _____ B _____ Scrap: _____

Chop Thickness: 1/2" 3/4" 1" 1 1/4" 1 1/2" **Roast Size (in pounds):** 1-2 2-3 3-4 other: _____

SHOULDER

- Bone-In or Boneless
 Roast Roast
 Chops Stew Meat
 Neck Slices Kebab Meat
 None - Grind

LEG

- Bone-In or Boneless
 Roast Roast
 Whole Stew Meat
 Cut in Half Kebab Meat
 None - Grind

BREAST/RIBLETS/FORESHANK

- Breast None - Trim
 Riblets None - Trim
 Fore Shank None - Trim

SIRLOIN

- Sirloin Roast
 Sirloin Chops
 None - Trim

RIB RACK

- Rib Roast
 Rib Chops

TRIM

- Grind
 Stew

LOIN

- Loin Roast
 Loin Chops

<p style="text-align: center;"><u>PACKAGING</u></p> <p>Date wrapped: _____</p> <p>Wrapper: _____</p> <p>Total Packages: _____</p>	<p style="text-align: center;"><u>NOTES:</u></p>	<p>Slaughter Fee : \$ _____</p> <p>Waste Fee: \$ _____</p> <p>Weight _____ @ \$ _____ per LB</p> <p>#Boxes _____ @ _____ \$ _____</p> <p style="text-align: right;">Grand Total \$ _____</p>
--	---	--

We will notify you when your order is ready. Orders must be picked up within 5 days of notification or you will be charged \$10/day for locker freezer storage.

Signature _____ Date _____ *Thank You for the business, it is appreciated.*