

TAG #

9250 NW Mountain Views Acres Rd. • Prineville, Oregon • 541-447-6377

Name:	Phone:	
Grower:	Grower Phone:	
Kill Date:	C/W Date:	Hanging Wt.:

LAMB

Lamb Cutting Instructions: Whole: _____ Half: _____ Wrap For: _____ No. of People

Rack of Lamb <i>or</i> Lamb Chops <i>(Circle one option)</i>	Whole Rack <input type="checkbox"/> 1/2" Chops <input type="checkbox"/>	Half Rack <input type="checkbox"/> 3/4" Chops <input type="checkbox"/>	1" Chops <input type="checkbox"/>	1 1/4" Chops <input type="checkbox"/>	Grind <input type="checkbox"/>
Shoulder Roast	2# <input type="checkbox"/>	3# <input type="checkbox"/>	Grind <input type="checkbox"/>		
Leg of Lamb	Whole <input type="checkbox"/>	Cut in Half <input type="checkbox"/>	Grind <input type="checkbox"/>		
Lamb Ribs	Automatic <input checked="" type="checkbox"/>				
Lamb Shanks	Automatic <input checked="" type="checkbox"/>				
Trim <i>(One option for lamb)</i>	Ground Lamb 1# <input type="checkbox"/> 1 1/2# <input type="checkbox"/> 2# <input type="checkbox"/>				

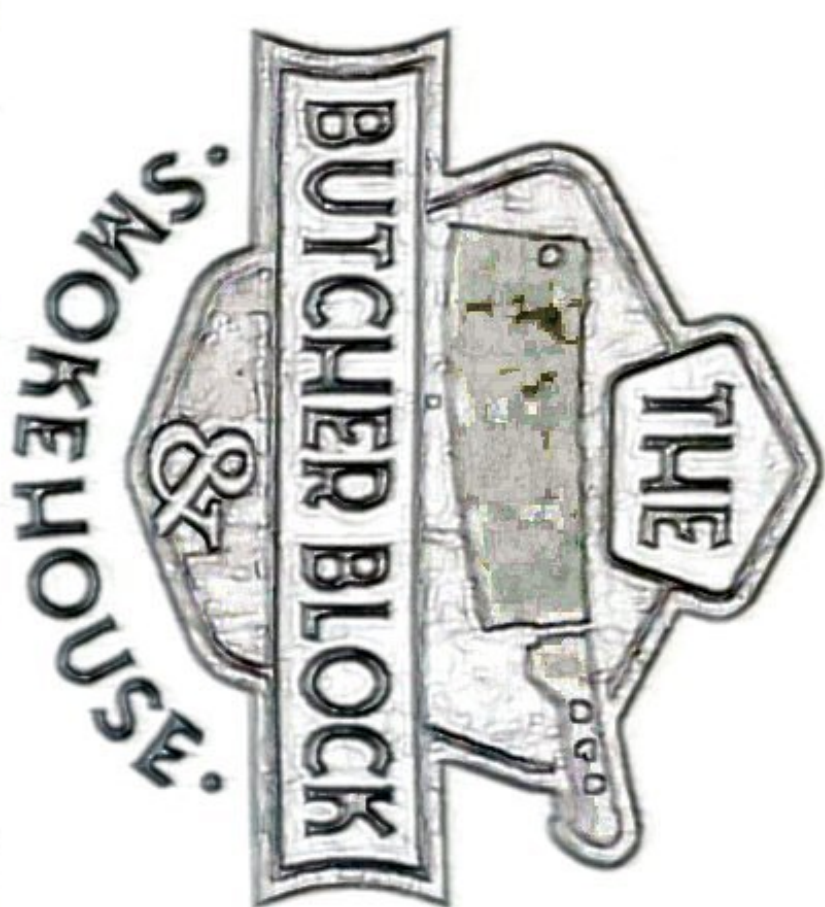
GOAT

Goat Cutting Instructions: Whole: _____ Half: _____ Wrap For: _____ No. of People

Rack of Goat <i>or</i> Goat Chops <i>(Circle one option)</i>	Whole Rack <input type="checkbox"/> 1/2" Chops <input type="checkbox"/>	Half Rack <input type="checkbox"/> 3/4" Chops <input type="checkbox"/>	1" Chops <input type="checkbox"/>	1 1/4" Chops <input type="checkbox"/>	Grind <input type="checkbox"/>
Shoulder Roast	2# <input type="checkbox"/>	3# <input type="checkbox"/>	Grind <input type="checkbox"/>		
Leg of Goat	Whole <input type="checkbox"/>	Cut in Half <input type="checkbox"/>	Grind <input type="checkbox"/>		
Goat Ribs	Automatic <input checked="" type="checkbox"/>				
Goat Shanks	Automatic <input checked="" type="checkbox"/>				
Trim <i>(One option for Goat)</i>	Ground Goat 1# <input type="checkbox"/> 1 1/2# <input type="checkbox"/> 2# <input type="checkbox"/>				

\$50 Freezer Fee Per Week After 7 Days Of Being Notified

GROWER	BUYER
CUT	CUT
WRAP	WRAP
KILL	KILL
WASTE	WASTE
NO WASTE	
SMOKEHOUSE	



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Grower:	Grower Phone:
Kill Date:	C/W Date:
	Hanging Wt.:
	Cure No.:

Hog Cutting Instructions: Whole: _____ Half: _____ Wrap For: _____ No. of People

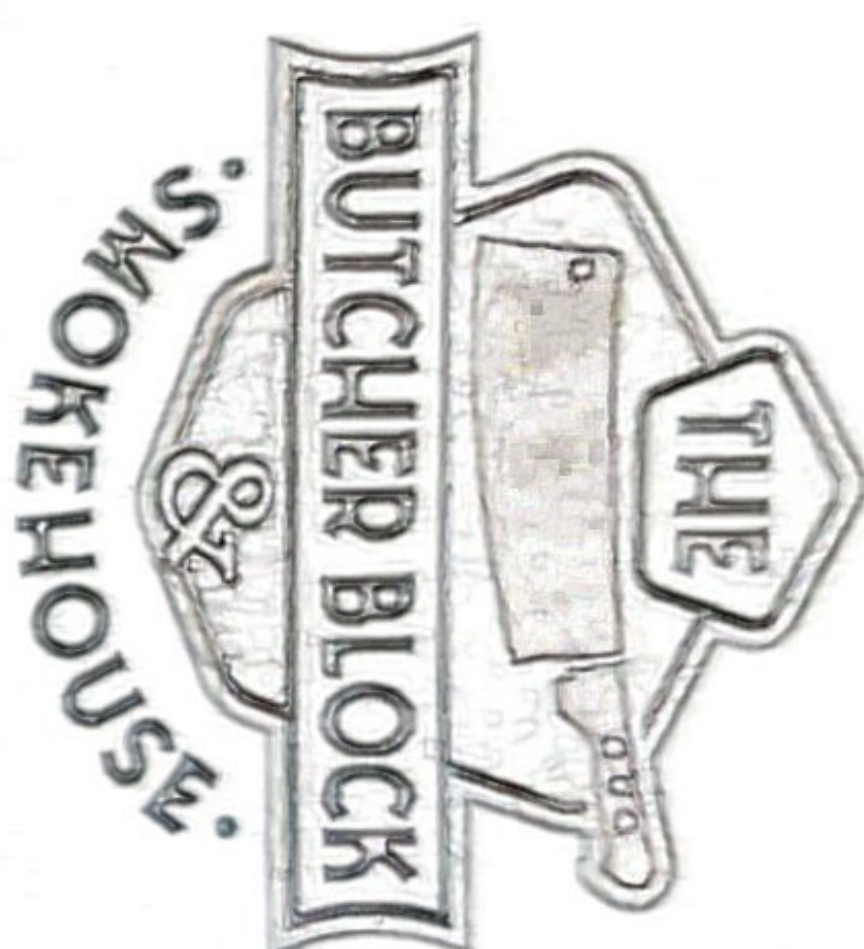
Pork Chops	3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	Grind <input type="checkbox"/>
Shoulder	Roast <input type="checkbox"/>	Steaks <input type="checkbox"/>	Grind <input type="checkbox"/>
Spare Ribs	Automatic <input type="checkbox"/>		
Ham	Smoked & Cured Yes <input type="checkbox"/> No <input type="checkbox"/>	Cut Hams in 1/2's <input type="checkbox"/> 1/4's <input type="checkbox"/>	Grind <input type="checkbox"/>
Ham Hocks	Automatic <input type="checkbox"/>		
Bacon	Smoked & Cured Yes <input type="checkbox"/> Fresh Side <input type="checkbox"/>	Sliced Regular <input type="checkbox"/> Thick <input type="checkbox"/>	Regular <input type="checkbox"/> Peppered <input type="checkbox"/> \$5 ⁰⁰ Flat Fee (One Option Per Half)
Bulk Sausage <small>One seasoning per 1/2 hog</small>	Fresh Ground <input type="checkbox"/> <small>(No added seasoning)</small>	Breakfast <input type="checkbox"/> Swt. Italian <input type="checkbox"/> Hot Italian <input type="checkbox"/> Maple <input type="checkbox"/>	Other: _____
1# <input type="checkbox"/> 1 1/2# <input type="checkbox"/> 2# <input type="checkbox"/> <small>(Over 200# Hang Wt. Can Get Two Seasonings)</small>	Chorizo: <input type="checkbox"/> Lords Acre: <input type="checkbox"/>		

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GROWER	BUYER
CUT	CUT
WRAP	WRAP
KILL	KILL
WASTE	WASTE
NO WASTE	NO WASTE
SMOKEHOUSE	SMOKEHOUSE

G T

BEEF



TAG #

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Name:		Phone:	
Grower:		Grower Phone:	
Kill Date:	C/W Date:	Hanging Wt.:	

Beef Cutting Instructions: Whole: _____ Half: _____ Qtr: _____ Wrap For: _____ No. of People

Chuck Roast	2# <input type="checkbox"/>	3# <input type="checkbox"/>	4# <input type="checkbox"/>	Grind <input type="checkbox"/>
Brisket	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Shank	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Short Ribs	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Skirt Steak	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Rib Eye <i>OR</i>	3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	1 1/4" <input type="checkbox"/>	Grind <input type="checkbox"/>
1/2 Prime Rib	Yes <input type="checkbox"/>			
T-Bone <i>OR</i>	3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	1 1/4" <input type="checkbox"/>	Grind <input type="checkbox"/>
New York	3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	1 1/4" <input type="checkbox"/>	Grind <input type="checkbox"/>
Tenderloin	3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	1 1/4" <input type="checkbox"/>	Grind <input type="checkbox"/>
Top Sirloin	3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	1 1/4" <input type="checkbox"/>	Grind <input type="checkbox"/>
Tri-Tip	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Flank Steak	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Rump Roast	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Sirloin Tip	Steak <input type="checkbox"/>	Roast <input type="checkbox"/>		Grind <input type="checkbox"/>
Top Round	Steak <input type="checkbox"/>	Roast <input type="checkbox"/>		Grind <input type="checkbox"/>
Cube Steaks	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Stew Meat	Yes <input type="checkbox"/>			Grind <input type="checkbox"/>
Soup Bones	Yes <input type="checkbox"/>			
Burger	#1 <input type="checkbox"/>	1 1/2 # <input type="checkbox"/>	2# <input type="checkbox"/>	

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