Lamb/Goat Cut Sheet

Name and Address_____ **Tag #**_____

Phone #_____ **# Aging Days**_____

Pick up date_____

Leg	
Whole	
Half	
Steaks	
Steak Thickness	
# per package	
Boneless or Bone-In	
Ground	
Stew Meat	

Loin Chops	Y N
Thickness	
# per package	

Rack	
Crown Roast	
Chops	
Thickness	
# per pack	

Shoulder	
Bone-In or boneless	
Chops	
Stew Meat	
Ground	

Shanks	
Whole	
Stew Meat	
Ground	

Heart or Liver	Y N
Must know at drop-off time	

Stew Meat	Y N
Lbs per pack _____	

Spare Ribs	Y N

Special Instructions: