KEY'S
family
BUTCHER SHOP

USDA_____

CUSTOM _____

Slaughter Date:_____

Process Date: _____

Lamb

Customer _____ *Phone* _____

Address

Cutting Orders

	Leg of Lamb					***Thickness***	***Family***
	Whole		*Cut in 1/2*		*Sliced*	"	
	Shoulder						
	Roasts		*Blade Chops*				
	Rib Rack						
	Slice		*Whole*				
	Loin Rack						
	Slice		*Whole*				
	Sirloin						
	Shanks						
	Ground						**Organs**

Lamb Description	
Live Weight	
Dressed Weight	

Fat Trimmed _____

Total Sacks _____ [ ] Initials

Total Boxes _____ [ ] Initials

Pick up Date	

NOTES