



Animal # _____

Owner Name _____

Date _____

Customer Name _____

Phone _____

Hanging Weight _____

Trim	Close	Medium	Fat on			
	Thickness	Qty/Pkg	# of Pkgs			
Brisket	_____	_____	_____	Flank Steak	_____	_____
Arm Roast	_____	_____	_____	Sirloin Steak	_____	_____
English Roast	_____	_____	_____	T-Bones	_____	_____
Chuck Roast	_____	_____	_____	Porterhouse	_____	_____
Shank	_____	_____	_____	Strips	_____	_____
Stew Meat	_____	_____	_____	Fillet Mignon	_____	_____
Short Ribs	_____	_____	_____	Cube Steak	_____	_____
Rib Steak	_____	_____	_____	Rump Roast	_____	_____
Rib Eye	_____	_____	_____	Round Steak	_____	_____
Rib-eye Roast	_____	_____	_____	Swiss Steak	_____	_____
				Tip Steak	_____	_____

Paper Tube
Ground Beef _____ /pkg 5# box
Bulk _____ #/pkg
Patties _____ /pkg
Total Pounds Patties _____

Tongue Y / N Oxtail Y / N
 Liver Y / N Heart Y / N

Liver and Heart availability dependent on inspector approval.

Paper

Vac Pac