	MEATWORKS SHEEP CUT SHEET (774) 319-5616 bookings@meatworkswestport.com										
NECK		CHOP THICKNESS: 1.25" FARM:									
CHECK ONE:	2927 NECK ROAST	2926 NECK SLICES	3019 STEW ME	AT BONE-IN							
SPECIAL INSTRUC	CIONS:										
SHOULDER & SH	IANKS										
CHECK ONE:	2920/2916 BONE-IN ROAST	2922/2918 BONE-IN CHOPS	GRIND	3010 SHANKS: YES NO							
SPECIAL INSTRUCIONS:											
RIB											
CHECK ONE:	2942 BONE-IN ROAST	2948 BONE-IN CHOPS	GRIND								
SPECIAL INSTRUC	CIONS:										
LOIN & SIRLOIN											
CHECK ONE:	2954/2981 BONE-IN ROAST	2955/2983 BONE-IN CHOPS	GRIND								
SPECIAL INSTRUC	ZIONS:										
BREAST											
CHECK ONE:	3007 WHOLE 3004 BONEL	ESS ROLLED	3008 SPARE RI	BS (IF BONELESS): YES NO							
SPECIAL INSTRUC	DIN & SIRLOIN HECK ONE: 2954/2981 BONE-IN ROAST 2955/2983 BONE-IN CHOPS GRIND ECIAL INSTRUCIONS: REAST HECK ONE: 3007 WHOLE 3004 BONELESS ROLLED 3008 SPARE RIBS (IF BONELESS): YES NO ECIAL INSTRUCIONS: GG										
LEG											
CHECK ONE:	2964 WHOLE 2979 CENTE	ER ROAST 2980 C	ENTER SLICES	GRIND							
SPECIAL INSTRUC	CIONS:										
GRIND (VALUE-A)	DDED OPTIONS ON BACK OF SHEET)										
5200 1-LB PKG	5201 2 LB PKG	5203 5-LB PKG	SAUSAGE								
SPECIAL INSTRUC	CTIONS:										
OFFALS											
2010 HEAD	2020 LIVER	2040 HEART	2050 KIDNEY								
SPECIAL INSTRUC	K K K K <td< td=""></td<>										

VALUE ADDED SERVICE INSTRUCTIONS (CHECK AND/OR CIRCLE CHOICES)

Fresh Sausage Options	Bulk 1 lb. (+\$1.20/lb)	Links (+\$2.20/lb)	4 oz. Patties (+\$2.20/lb)	Pounds Requested			
					Additional Notes	:	
BREAKFAST*	5221	5281	5241		_		
SWEET ITALIAN*	5224	5224	5244		_		
HOT ITALIAN*	5223	5490	5243		_		
CHORIZO*	5228	5288	5248		_		
BRATWURST*	5226	5486	5246				
* (50 lb. Minimum Per Selection	n)						
RELEV attest that all livestock referenced by th uired withdrawal time for any medicat slaughter may result in traceback, qua	his document and a tion that has been a	NG YOU AG lelivered to M dministered to	REE TO OUR eatworks was/w 9 my animal(s) j	TERMS OF S ere born, fed, a	ERVICE und raised in the U	SA. I further attest to adk	
TOMER SIGNATURE		DATE					
Y EASE SCHEDULE PICK UP WITH	OU WILL BE CA IN 5 DAYS OF BE						
FOMER NAME		FARM NAME					
NE #	# OF ANIMAI	LS	PEN #		KILL DATE	ORDER #	
#/CARCASS ID (S)							
IL CONTACT							
u wish to file a Civil Rights program complain l, or at any USDA office, or call (866) 632-99 r to us by mail at U.S. Department of Agricultu	nt of discrimination, cor 92 to request the form.	nplete the USDA You may also wr Adjudication, 14	rite a letter containi	nation Complaint	Form, found online at mation requested in the	e form. Send your completed co	omplaint form