

CIRCLE ONE: WHOLE - or - A / B ORDER # (Leave Blank):

**STEAK THICKNESS**: 1.25"\_\_\_ 1.5"\_\_ **FARM**:\_\_\_\_

**ROAST WEIGHTS**: 2-3#\_\_\_ 4-5#\_\_ **ANIMALS**: \_\_\_\_

VEAL SHOULDER
CHECK ONE: <b>3048</b> ROAST <b>3050</b> CHOPS GRIND
VEAL BLADE
CHECK ONE: <b>3033</b> ROAST <b>3035</b> CHOPS GRIND
VEAL RIB
CHECK ONE: 3218 RIB ROAST 3222 RIB CHOPS GRIND
VEAL BREAST
CIRCLE ONE: 3069 BREAST YES / NO
VEAL LOIN
CHECK ONE: 3070 LOIN ROAST 3071 LOIN CHOPS GRIND
VEAL LEG
CHECK ONE: 3467 LEG ROAST 3466 CUTLETS GRIND
GRIND *IF YOU SELECT SAUSAGE THE VALUE-ADDED SERVICE SECTION MUST BE COMPLETED
5300 1-LB PKG 5301 5-LB PKG PATTIES SAUSAGE
VEAL BONES & ORGAN MEAT
CIRCLE ONE: 3636 OSSO BUCCO YES / NO 1365 MARROW BONES YES / NO 3644 SOUP BONES YES / NO
CIRCLE ONE: ORGAN MEAT YES / NO 3011 TONGUE 3090 OXTAIL 3020 LIVER 3040 HEART 3045 KIDNEY

## VALUE ADDED SERVICE INSTRUCTIONS (CIRCLE CHOICES)

FRESH SAUSAGE OPTIONS

Signature Blends**	ADD \$1.20 /LB	ADD \$2.20/LB	HOW MANY LBS.?
BREAKFAST	5321	5381	
SWEET ITALIAN	5324	5384	
HOT ITALIAN	5323	5383	
CHORIZO	5328	5388	
BRATWURST	5326	5386	

<sup>\*\* 50</sup> lb minimum per order

CUSTOMER NAME

## \*\$50 FEE FOR CUT SHEETS NOT TURNED IN AT TIME OF DROP OFF \*\*SPECIAL CUTS REQUESTED THAT ARE NOT ON OUR CUT SHEET ARE SUBJECT TO \$3.00/ LB. SURCHARGE\*\* \*MINIMUMS APPLY FOR ALL VALUE ADDED SERVICES

FARM NAME

PHONE #	# OF ANIMALS	PEN #	KILL DATE	ORDER#	
EMAIL CONTACT		1			
LOT #/CARCASS ID (S)					
301 #/CARCA33 ID (3)					
Meatworks will make reasonable efforts to cut animals to producer specifications provided on cut sheets, however, Meatworks reserves the right to make cutting decisions at the butcher's discretion based on the size of the animal, the species, desired finished product, and other relevant factors at the time of cutting without producer notification.					
By signing you agree to our Terms of Service.					
I attest that all livestock referenced by this document and delivered to Meatworks was/were born, fed, and raised in the USA. I further attest to adhering to the required withdrawal time for any medication that has been administered to my animal(s) prior to slaughter. I understand that unacceptable levels of drug residues detected in edible tissues collected at time of slaughter may result in traceback, quarantine, and potential fines or jail time.					
CUSTOMER SIGNATURE			DATE		

## PLEASE SCHEDULE PICK UP WITHIN 5 DAYS OF BEING NOTIFIED TO AVOID CHARGES

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.