

# Lamb Cutting Instruction Form

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Whole    Half

*(Please Circle One)*

Who Brought in the Lamb? \_\_\_\_\_

Tag Number: \_\_\_\_\_

How many chops would you like in each package? \_\_\_\_\_

What size would you like your roasts? \_\_\_\_\_

2-3lb	3-4lb	4-5lb
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*Please choose one from each of the following:*

Leg

Roast	Steaks	Ground
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Shoulder

Roast	Steaks	Ground
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Loin

Chops	Roasts	Ground
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Ribs

Chops	Rack Of Lamb	Ground
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Ground

Ground Lamb	American Sausage	Hot Italian Sausage
Mild Italian Sausage		

Would you like stew meat? \_\_\_\_\_

Would you like shanks? \_\_\_\_\_

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Heart	Liver
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