

BROOKSIDE CUSTOM CUTTING

Lamb/Goat Cut Sheet

Name: _____	Phone: _____	Pen #: _____
Address: _____		Weight: _____

****CIRCLE DESIRED OPTION****

Loin: Chops, Roast

Ribs: Chops, Rack

Shoulder: Boneless Roast, Bone-In Roast, Chops, Stew, Grind

Leg: Boneless Roast, Bone-In Roast, Leg Steaks, Stew, Grind

Whole or Half Whole or Half

Leg Shank: Yes or No

Flank: Roll and Tie, Riblets or Trim

<input type="checkbox"/> Liver <input type="checkbox"/> Heart: <input type="checkbox"/> Kidneys:	Notes:
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Harvest Fee: _____

Render Fee: _____

Processing Fee: _____
(Cut, Vacuum Packed and Frozen)

TOTAL: _____

(Minimum total \$110)