

MEATWORKS
SHEEP CUT SHEET
(774) 319-5616
bookings@meatworkswestport.com

ORDER # (Leave Blank): _____

FARM: _____

ANIMALS: _____

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.

NECK

CHECK ONE: **2927** NECK ROAST ____ **2926** NECK SLICES ____ **3019** STEW MEAT BONE-IN ____

SPECIAL INSTRUCIONS:

SHOULDER & SHANKS

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 INSTRUCIONS:

LOIN & SIRLOIN

CHECK ONE: **2954/2981** BONE-IN ROAST ____ **2955/2983** BONE-IN CHOPS ____ GRIND ____

SPECIAL INSTRUCIONS:

BREAST

CHECK ONE: **3006** WHOLE ____ **3004** BONELESS ROLLED ____ **3008** SPARE RIBS (IF BONELESS): YES ____ NO ____

SPECIAL INSTRUCIONS:

LEG

CHECK ONE: **2964** WHOLE ____ **2979** CENTER ROAST ____ **2980** CENTER SLICES ____ GRIND ____

SPECIAL INSTRUCIONS:

ORGAN MEAT

2010 HEAD **2020** LIVER **2040** HEART **2050** KIDNEY

SPECIAL INSTRUCIONS:

PLAIN GRIND **IF YOU SELECT SAUSAGE THE VALUE-ADDED SERVICE SECTION MUST BE COMPLETED*

BULK GRIND: 5200 1-LB PKG ____ 5201 2-LB PKG ____ 5203 5-LB PKG ____ SAUSAGE ____

Fresh Sausage Options (circle choices)	***Bulk $1.30/#***	***Links $2.50/#***	***Patties 4oz. $2.50/#***	***Pounds Requested***
MAPLE BREAKFAST*	5222	5282	5242	
TRADITIONAL BREAKFAST*	5221	5281	5241	
SWEET ITALIAN*	5224	5224	5244	
HOT ITALIAN*	5223	5490	5243	
CHORIZO*	5228	5288	5248	
BRATWURST*	5226	5486	5246	

** 50 pound minimum per selection*

- Organ meat only included if it passes USDA inspection at slaughter.
- **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.**
- As part of our mission to sustainably use all parts of the animals we process, we reserve the right to save or utilize any animal byproduct not requested by the producer and otherwise to be sent to rendering.
- Special cuts requested by the producers that are not on our cut sheets will be subject to $3.30/# surcharge
- Minimums apply to all value-added services. If minimums are not met, ground will be sent as bulk.
- **Cut sheets required at time of animal drop-off.** If cut sheet is not submitted at drop-off, customer will be subject to a $50 fee. Meatworks will not follow up with you regarding cut-sheets that are not submitted. If there has been no cut sheet submitted by the time the animal is to be processed, Meatworks will use our standardized cut sheet for the order.
- Please write any additional requests in margins in each primal section.

Additional Notes:

FARM NAME		**FARM'S CUSTOMER NAME**
FARM PHONE	**# OF ANIMALS**	**FARM'S CUSTOMER PHONE #**
FARM EMAIL		When the order is ready, would you like Meatworks to contact your customer directly for pick up? **YES / NO**

NOTE AREA:

YOU WILL BE CALLED AS SOON AS PRODUCT IS READY FOR PICK UP
PLEASE SCHEDULE PICK UP WITHIN 5 DAYS OF BEING NOTIFIED TO AVOID CHARGES

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** _____

INTERNAL USE ONLY

LOT #/CARCASS ID

Recieved:	Highlighted & Copied:	Input:

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.