



# MEATWORKS VEAL CUTTING INSTRUCTIONS

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HOURS OF OPERATION 7:00AM TO 4:00PM

LIVESTOCK RECEIVING HRS MON-FRI 1:30PM TO 3:30PM SUNDAY 12:00PM TO 1:00PM

CUSTOMER NAME			FARM NAME	
PHONE #	# OF ANIMALS	PEN #	KILL DATE	ORDER #
ANIMAL ID (S)/LIVE WEIGHT				
LOT #/CARCASS ID (S)				
<b>VEAL SHOULDER</b>				
CHECK ONE: 3048 ROAST___ 3050 CHOPS___ GRIND___				
SPECIAL INSTRUCTIONS:				
<b>VEAL BLADE</b>				
CHECK ONE: 3033 ROAST___ 3035 CHOPS___ GRIND___				
SPECIAL INSTRUCTIONS:				
<b>VEAL RIB</b>				
CHECK ONE: 3218 RIB ROAST___ 3222 RIB CHOPS___ GRIND___				
3069 BREAST YES ___ NO___				
SPECIAL INSTRUCTIONS:				
<b>VEAL LOIN</b>				
CHECK ONE: 3070 LOIN ROAST___ 3071 LOIN CHOPS___ GRIND___				
SPECIAL INSTRUCTIONS:				
<b>VEAL LEG</b>				
CHECK ONE: 3467 LEG ROAST___ 3466 CUTLETS___ GRIND___				
SPECIAL INSTRUCTIONS:				
<b>GRIND *IF YOU SELECT PATTIES OR SAUSAGE THE VALUE-ADDED SERVICE SECTION MUST BE COMPLETED</b>				
5300 1-LB PKG___ 5301 2 LB PKG___ 5303 5-LB PKG___ PATTIES___ SAUSAGE___				
SPECIAL INSTRUCTIONS:				
<b>VEAL OFFAL *ALL ORGAN MEAT PASSING USDA INSPECTION WILL BE PACKED AND SAVED FOR CUSTOMER</b>				
3636 OSSO BUCO YES___ NO___ 1365 MARROW BONES YES___ NO___ 3644 SOUP BONES YES___ NO___				
CHECK IF YOU WANT TO SAVE: 3011 TONGUE___ 3090 OX TAIL___ 3020 LIVER___ 3040 HEART___ 3045 KIDNEY___				
<b>COMMENTS:</b>				

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

	<b>8 OZ</b>	<b>6 OZ</b>	<b>4 OZ</b>
<b>PATTY OPTIONS</b>	<b>ADD</b>	<b>ADD</b>	<b>ADD</b>
<b>50 LB MINIMUM PER BATCH</b>	<b>\$.50/LB</b>	<b>\$.75/LB</b>	<b>\$1.00/LB</b>

**SMOKED SAUSAGE OPTIONS**  
**ADD \$2.25/LB**

5312      5311      5310

**CHECK ONE:**

NATURAL CURE (100 LB MINIMUM ADD \$.50/LB)

CONVENTIONAL CURE


	<b>BULK</b>	<b>LINK</b>
<b>SAUSAGE OPTIONS</b>	<b>ADD</b>	<b>ADD</b>
<b>50 LB MINIMUM PER BATCH</b>	<b>\$.75/LB</b>	<b>\$1.75/LB</b>

BREAKFAST                      5321      5381

SMOKED KIELBASA LINKS                      5390

MAPLE BREAKFAST              5322      5382

SMOKED ANDOUILLE LINKS                      5391

HOT ITALIAN                      5323      5383

SWEET ITALIAN                      5324      5384

**SPECIAL INSTRUCTIONS:**

CHORIZO                              5328      5388

FRESH KEILBASA                      5327      5387

BRATWURST                              5326      5386

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**\*IF CUT SHEET IS NOT TURNED IN AT TIME OF DROP OFF YOU WILL BE CHARGED A \$25 ADMIN FEE**  
**\*SPECIAL INSTRUCTIONS MAY RESULT IN ADDITIONAL FEES DEPENDING ON LABOR AND PACKAGING INVOLVED**  
**\*MINIMUMS APPLY FOR ALL VALUE ADDED SERVICES**

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** \_\_\_\_\_

**YOU WILL BE CALLED AS SOON AS PRODUCT IS READY FOR PICK UP**  
**STORAGE SPACE IS LIMITED PLEASE SCHEDULE PICK UP WITHIN 3 DAYS OF BEING NOTIFIED**

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](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](mailto:program.intake@usda.gov).