MEATWORKS GOAT CUTTING INSTRUCTIONS (774) 319-5616 / travis@meatworkswestport.com HOURS: 7:00AM - 3:30PM LIVESTOCK RECEIVING HRS: MON - THUR 1:00PM - 3:00PM SUN 12:00PM - 1:00PM					FIVE GOATS PER CUT SHEET \$100 CHARGE FOR EACH ADDITIONAL CUT SHEET
CUSTOMER NAME			FARM NAME		
PHONE #	# OF ANIMALS	PEN #	KILL DATE	ORDER	#
EMAIL CONTACT					
LOT #/CARCASS ID (S)					
C	UTTING & PACKAGIN	G FEES DOUE	BLE WITH SPECIAL	REQUESTS.	
Meatworks will make reasonab cutting decisions at the butcher	's discretion based on the size of		pecies, desired finished pro		
ENTIRE GOAT					
CIRCLE ONE: 2927 STEW MEA	AT BONE-IN YES / NO	CHECK ONE:	2926 SMALL CHUNKS	3019 LARG	E CHUNKS
GOAT NECK					
CHECK ONE: 0927 NECKROA	ST 0019 STEW MEA	T BONE-IN			
GOAT SHOULDER					
CHECK ONE: 0920/0916 BI RC	DAST 0922/0918 BI CH	HOPS GRIN	ND 0010 SHANK	YESNO	
GOAT RIB					
CHECK ONE: 0942 BI RIB ROAST 0948 BI RIB CHOPS GRIND					
GOAT LOIN					
CHECK ONE (LOIN/SIRLOIN): 0954/0981 BI LOIN ROAST 0955/0983 BI LOIN CHOPS GRIND					
GOAT BREAST					
CHECK ONE: 0007 WHOLE_	_ 0004 BNLS ROLLED_				
GOAT LEG					
CHECK ONE: 0964 WHOLE_	0979 LEG CENTER RC	DAST 0980	LEG CENTER SLICES_	GRIND	
GRIND * IF YOU SELECT SA	USAGE THE VALUE-ADDE	ED SERVICE SE	CTION MUST BE COMI	PLETED	
5000 1-LB PKG 5003 5-L	B PKG SAUSAGE	-			
GOAT ORGAN MEAT *ORGAN MEAT PASSING USDA INSPECTION					
CIRCLE ONE: ORGAN MEAT	Г YES / NO 0020 LIV	VER 0040 HEA	RT 0050 KIDNEY		

VALUE ADDED SERVICE INSTRUCTIONS (CIRCLE CHOICES)



FRESH SAUSAGE OPTIONS 50 LB MINIMUM PER BATCH	ADD \$1.20/LB	ADD \$2.20/LB
Signature Blends		
BREAKFAST	5021	5081
HOT ITALIAN	5023	5083
SWEET ITALIAN	5024	5084
CHORIZO	5028	5088
**MAPLE BREAKFAST	5022	5082
**BRATWURST	5026	5086

While supplies last

****CUTTING & PACKAGING FEES DOUBLE WITH SPECIAL REQUESTS.****

*\$50 FEE FOR CUT SHEETS NOT TURNED IN AT TIME OF DROP OFF **CUTTING & PACKAGING FEES DOUBLE WITH SPECIAL REQUESTS.** *MINIMUMS APPLY FOR ALL VALUE ADDED SERVICES

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

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

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.