



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

**ORDER #** (Leave Blank): \_\_\_\_\_

**CHOP THICKNESS:** 1.25" \_\_\_ 1.5" \_\_\_

**FARM:** \_\_\_\_\_

**ROAST WEIGHTS:** 2-3# \_\_\_ 3-4# \_\_\_ 4-5# \_\_\_

**ANIMALS:** \_\_\_\_\_

**NECK**

CHECK ONE: **0927** NECK ROAST \_\_\_ **0926** NECK SLICES \_\_\_ **0019** STEW MEAT BONE-IN \_\_\_

SPECIAL INSTRUCCIONES:

**SHOULDER & SHANKS**

CHECK ONE: **0920/0916** BONE-IN ROAST \_\_\_ **0922/0918** BONE-IN CHOPS \_\_\_ GRIND \_\_\_ **0010** SHANKS: YES \_\_\_ NO \_\_\_

SPECIAL INSTRUCCIONES:

**RIB**

CHECK ONE: **0942** BONE-IN ROAST \_\_\_ **0948** BONE-IN CHOPS \_\_\_ GRIND \_\_\_

SPECIAL INSTRUCCIONES:

**LOIN & SIRLOIN**

CHECK ONE: **0954/0981** BONE-IN ROAST \_\_\_ **0955/0983** BONE-IN CHOPS \_\_\_ GRIND \_\_\_

SPECIAL INSTRUCCIONES:

**BREAST**

CHECK ONE: **0007** WHOLE \_\_\_ **0004** BONELESS ROLLED \_\_\_ **0008** SPARE RIBS (IF BONELESS): YES \_\_\_ NO \_\_\_

SPECIAL INSTRUCCIONES:

**LEG**

CHECK ONE: **0964** WHOLE \_\_\_ **0979** CENTER ROAST \_\_\_ **0980** CENTER SLICES \_\_\_ GRIND \_\_\_

SPECIAL INSTRUCCIONES:

**ORGAN MEAT**

**0010** HEAD **0020** LIVER **0040** HEART **0050** KIDNEY

SPECIAL INSTRUCCIONES:

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

<i>Fresh Sausage Options (circle choices)</i>	<i>Bulk \$1.30/#</i>	<i>Links \$2.50/#</i>	<i>Patties 4oz. \$2.50/#</i>	<i>Pounds Requested</i>	
MAPLE BREAKFAST*	5222	5282	5242		- 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. - <b>Cut sheets required at time of animal drop-off.</b> 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:
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					

CUSTOMER NAME	FARM NAME

PHONE #	# OF ANIMALS	PEN #	KILL DATE	ORDER #

LOT #/CARCASS ID (S)

EMAIL CONTACT

**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**

<b>INTERNAL USE ONLY</b>	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](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).