

Kumeu Village Butcher

Home Kill Lamb Cutting List

| | |
|--------------------------|---|
| Name: | Main Road, Kumeu, Auckland |
| Address: | Ph: 09 412 8338 |
| Email: | Email: kumeuvillagebutchery@outlook.com |
| Beef Description: | |
| Ph: | Family Packaging: YES / NO |
| Mobile: | Is this lamb to be packed as 2 separate sides? YES / NO |
| Date: | FRESH / FROZEN (Circle) |

LAMB CUTTING LIST

| | CUTS | SLICED | PACKET QTY |
|-----------|--------------------|--------|----------------------------|
| Back Legs | Steaks | | |
| | Chops | | |
| | Bone in Roast | | |
| | Boned Rolled Roast | | |
| Shoulders | Chops | | |
| | Bone in Roast | | |
| | Boned Rolled Roast | | |
| Loins | Chops | | |
| | Rack Of Lamb | | |
| Neck | Stewing Chops | | |
| Shanks | Whole | | |
| Trim | Sausages | | 6 - 9 - 12 Per Pack |
| Other | Dog Bones | | |

Additional Instructions:

| | | |
|-----------------------------------|----------------------------|--|
| Payment on receipt of meat | TOTAL AMOUNT DUE \$ | |
|-----------------------------------|----------------------------|--|

I DECLARE THAT I AM THE OWNER OF THIS ANIMAL ABOVE THAT HAS BEEN ACTIVELY INVOLVED IN THE DAY TO DAY MAINTENANCE OF THE ANIMAL. INCLUDING PROVIDING FOR THE PHYSICAL HEALTH & BEHAVIOURAL NEEDS OF THIS ANIMAL FOR AT LEAST 28 DAYS.

SIGNATURE: _____

PEALSE RETURN THE SHEET WITHIN 2 DAYS OF KILILNG OF BEEF OR BUTCHER WILL CUT TO HIS DISCRESION