

WAIMAK HOMEKILL SHEEP CUTTING LIST

PEN No. _____ (Drop off only)

NAME: FIRST:	LAST:	DATE:
ADDRESS:		
EMAIL:		
PHONE:		CELL:
SIGNATURE:		OFFAL: Kidneys Liver heart
LAMBS:	HOGGET:	EWE: RAMS: OTHER: (FULL FLEECE)

SHOULDERS ROLLED / BONE IN / CHOPS / DICED _____
LEGS WHOLE / IN HALF _____
FLAPS Y / N _____
LOIN CHOPS Y / N **RACKS** Y / N _____
SHANKS Y / N **NECK CHOPS** Y / N _____
CHOPS PER PACK 4 6 8 10 OR FREE FLOWED

SHOULDERS ROLLED / BONE IN / CHOPS / DICED _____
LEGS WHOLE / IN HALF _____
FLAPS Y / N _____
LOIN CHOPS Y / N **RACKS** Y / N _____
SHANKS Y / N **NECK CHOPS** Y / N _____
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ALL MEAT COME BACK FROZEN

Additional information including allergies:

I declare that I am the owner of the animal or Animals of this kind.

1. Have been actively involved in the day-to-day care of the animal for at least 28 days, or
2. I am a farmer of animals of this kind.
3. I am aware of the law around selling meat.
4. Waimak home kill take no responsibility of meat once it has left the address.

Signature: _____ DATE: _____

EMAIL: info@waimakhomekill.co.nz

PLEASE ADD ANY ADDITIONAL INFORMATION TO THE BOTTOM OF CUTTING LIST INCLUDING ALLERGIES. (Not this sheet)