## WAIMAK HOMEKILL SHEEP CUTTING LIST

PEN NO.\_\_\_\_ (Drop off only)

NAME: FIRST:	LAST:				DATE:				
ADDRESS:									
EMAIL									
PHONE:			CE	LL:					
SIGNATURE:					OFFAL:	Kidneys	Liver	heart	
	HOGGET:	EWE:	RAMS:	OTHE			FULL F		
<u>SHOULDERS</u>	ROLLED /	BONE IN		/ DICED					
<u>LEGS</u>	WHOLE /	IN HALF							
FLAPS	Y / N		DACKC	V / N					
LOIN CHOPS SHANKS Y	<u>Y / N</u> / N <b>NE</b>	CK CHOPS	RACKS S Y / N	Y / N					
CHOPS PER F		<u>ск сног.</u> 8 10		REE FLOW	/FD			<del></del>	
CHOISTERT	ACK 4 0	0 10		ILL / LOV					
			_	_					
SHOULDERS	ROLLED /	BONE IN	N / CHOPS	/ DICE	)				
LEGS	WHOLE /	IN HALF							
FLAPS	Y / N		DACKC	/ / NI					
SHANKS Y	<u>Y / N</u> / N <b>NE</b>	СК СНОР		<u>/ / N</u>					
CHOPS PER F				REE FLOW	/FD			<del></del>	
CHOISTERT	HOR 4 0 K	3 10		227201					
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SHOULDERS	ROLLED /		N / CHOPS	/ DICE	)				
LEGS		N HALF						-	
FLAPS	<u>Y / N</u> Y / N		RACKS Y	/ NI					
LOIN CHOPS SHANKS Y/		r CK CHOP:		/ N_					
CHOPS PER F				REE FLOV	VFD				
CHOISTERT	ACK 4 0 C	, 10		(LL / LOV	<b>1</b> L D				
	_		_	_					
SHOULDERS			N / CHOPS	/DICED					
<u>LEGS</u>	WHOLE / I	N HALF							
FLAPS	Y / N	D.	A CIVC V /	N.I.					
LOIN CHOPS	_			N					
SHANKS Y CHOPS PER F		NECK CHO		E FLOWI	FD.				
	ME BACK FROZE		<u>on fre</u>	LILOVVI	<u> </u>				
	information		i <mark>ng allerg</mark> i	i <mark>es:</mark>					

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 reasonability of meat once it has left the address.

Signature:	DATE:	_DATE:			
<b>EMAIL:</b> info@waimakhomekill.co.nz					

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