

Office use only:

Date received: \_\_\_\_\_

Kill Fee: \_\_\_\_\_

Delivery Fee: \_\_\_\_\_

Weight: \_\_\_\_\_ Tag #: \_\_\_\_\_

Deposit: \_\_\_\_\_

***Killian's Meat Market***

460 Hwy. 290 N.  
Hempstead, TX 77445  
979-921-0301  
[www.killiansonline.net](http://www.killiansonline.net)

Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Completed/Invoiced: \_\_\_\_\_

Bag Count/Freezer Location: \_\_\_\_\_

## Lamb Cutting Order

<u>Lamb Shoulder:</u>	Cut size/lb.:	Per package:	Notes:
Boned & rolled:	_____	_____	_____

<u>Lamb Rib (rib primal):</u>	Cut Size/lb.:	Per package:	Notes:
Rib Chops:	_____	_____	_____
Crown Roast/Rack of lamb:	_____	_____	_____

<u>Lamb Shanks:</u>	Cut size/lb.:	Per package:	Notes:
	_____	_____	_____

<u>Lamb Loin:</u>	Cut size/lb.:	Per package:	Notes:
Loin Roast:	_____	_____	_____
Loin Chops:	_____	_____	_____

<u>Lamb Sirloin:</u>	Cut size/lb.:	Per package:	Notes:
Sirloin Chops:	_____	_____	_____
Sirloin Steaks:	_____	_____	_____

<u>Leg of Lamb:</u>	Cut size/lb.:	Per package:	Notes:
Whole:	_____	_____	_____
Leg Chops:	_____	_____	_____

<u>Trim:</u>	Flavor:	No. lbs.:	Per package:
Ground Lamb:	_____	_____	_____
Sausage:	_____	_____	_____
Head: Y / N	Kidney: Y / N	Liver: Y / N	Heart: Y / N