Riverside Meat Customs, Inc.

Name: _____

Phone #: _____

Inspected - Custom

Select packaging: No Package - Freezer - Vacuum Seal

Lamb* - Sheep - Goat

# of Animals: _____

Circle One for the Following-

Neck Roast: Yes OR Grind

Shanks: Yes – Number per pack____ OR Grind

Shoulders: Roast Whole OR Grind

Ribs: Whole Cut in ½ OR Grind

Legs: Whole Cut in ½ OR Grind

Loin : Chops Thickness _____in Number in pack _____ OR Grind

Ground _____ lb. per pack

AND / OR (Depends on cuts back)

Sausage: Mild - Med - Hot - Italian

____Stuff (in casing) ____Bulk

_____ lb. per pack

Circle to Keep: Heart Liver (whole) Spleen Kidneys

Additional Request: _____

Pickups within 7 business days of call/message- Monday through Friday 7 am to 3:30 pm close 12-1 for lunch. A storage fee will be applied after 7 days. We will not be responsible for meat left over 30 days! Thank you for your business!

Signature: _____ Date: _____