

Name: _____

Date: _____

Phone: _____

Personal Label

Email: _____

Yes: _____ No: _____

Address: _____



830-351-6446

CID: _____	Tag #: _____
Lot #: _____	Rail Wt: _____
- For Internal Use -	

Cut	lbs	Bone In	Boneless	Thickness	Pieces/Pk	Trim (Circle One)	-or-	Total lbs
CHUCK						Ground	1 lb/pk 2 lb/pk	
Flat Iron Steaks						Stew	1 lb/pk 2 lb/pk	
Arm Roast						Patties	¼ lb ½ lb ¾ lb	
Osso Bucco						BONES - (Circle One)		
Roast						Meaty Soup Bones	Yes -or- No	
- or -						Marrow Bones	Yes -or- No	
Chuck Eye Steaks						OTHER CUTS - (Circle One)		
Denver Steaks						Hanger	Yes -or- No	
RIB						Bavette	Yes -or- No	
Ribeye Steaks						Inside Skirt	Yes -or- No	
Dino Ribs						Outside Skirt	Yes -or- No	
Short Ribs						Flank	Yes -or- No	
LOIN						Brisket	Whole -or- Half	
T-Bone/Porterhouse						OFFAL		
- or -						Liver	Yes -or- No	
NY Strip						Heart	Yes -or- No	
Filet Mignon						Oxtail	Yes -or- No	
Whole Tenderloin						Cheeks	Yes -or- No	
SIRLOIN						Tongue	Yes -or- No	
Steaks						Additional Instructions:		
Tri-Tip								
Sirloin Tip Roast								
Picanha								
ROUND								
Steaks								
Tenderized Cutlets								
Eye of Round Roast								
Rump Roast								
London Broil Roast								
Bottom Round Roast								

Total Tenderized: _____

Total Patties: _____

Total Stew: _____

Total Kabobs: _____