



**BUSSARD'S SLAUGHTERHOUSE 2024 DROP OFF SHEET**  
**937-855-3035**  
**PLEASE FILL OUT ONE SHEET PER ANIMAL**

**DATE:** \_\_\_\_\_

**PRODUCER NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EAR TAG# / ID:** \_\_\_\_\_

INITIAL BOX IF ANIMAL IS CLEAR OF ALL  
DRUG WITHDRAWAL PERIOD(S)

**AGE OF ANIMAL IN MOS:** \_\_\_\_\_

IT IS THE OWNERS RESPONSIBILTYY TO LET ALL CUSTOMERS KNOW TO CALL OR DROP OFF CUTTING INSTRUCTIONS.  
ALL CUT SHEETS SHOULD BE TURNED IN NO LATER THAN 2 WEEKS FOLLOWING DROP OFF DATE, OR STANDARD  
PROCESSING WILL APPLY.

**WHOLE / HALF / QUARTER**

**WHOLE / HALF / QUARTER**

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**WHOLE / HALF / QUARTER**

**WHOLE / HALF / QUARTER**

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

SIGNATURE BELOW CERTIFIES THAT OWNERSHIP OF CATTLE HAS BEEN LEGALLY TRANSFERRED TO THE  
CUSTOMER(S) NAMED ABOVE. AS WELL AS THIS ANIMAL IS FREE OF ANY RESIDUE(S) OF RESTRICTED DRUGS, AS  
REQUIRED BY STATE LAW.

**DROP OFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BUSSARDS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

**LIVE WEIGHT:** \_\_\_\_\_ **CARCASS TAG#:** \_\_\_\_\_

UNFIT FOR HUMAN FOOD  
YES / NO

AMBULATORY AT TIME OF  
SLAUGHTER  
YES / NO

SRM DISCARDED  
-30 MOS / +30 MOS