

# Lamb or Goat Cut Sheet

Last Name:	First Name:
Supplier:	Amount: 1/2 Whole
Phone:	Email:
Leg: <input type="checkbox"/> Whole <input type="checkbox"/> Halves <input type="checkbox"/> Steaks and Roast <input type="checkbox"/> Grind <input type="checkbox"/> Stew	Loin: <input type="checkbox"/> Chops <input type="checkbox"/> Roast <input type="checkbox"/> Chops and Roast <input type="checkbox"/> Grind <input type="checkbox"/> Stew
Shoulder: <input type="checkbox"/> Steaks <input type="checkbox"/> Roast <input type="checkbox"/> Steaks and Roast <input type="checkbox"/> Grind <input type="checkbox"/> Stew	Trim: <input type="checkbox"/> Grind <input type="checkbox"/> Stew
Miscellaneous Cuts (Check All that Apply) <input type="checkbox"/> Ribs <input type="checkbox"/> Neck Bone <input type="checkbox"/> Shanks	Memo: