

Name: _____
Hot Carcass Weight: _____ Unit#: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone: _____ Email: _____
Notes: _____



Beef/Bison Cutout Sheet

Please mark your selections for each category:

ORDER: Whole Half Quarter Inspected Packaging: Yes No

Thickness of Steaks: (in) ¾ 1 1 ¼ 1 ½

Ground Beef: (lb. chubs) 1 1 ½ 2

Ground Beef Patties (additional charge): _____ lbs

¼ lb patties 1/3 lb patties ½ lb patties

Packaging: Paper or Vacuum Packaging

Variety Meats: Heart Tongue Liver Oxtail Soup Bones

Front Quarter

Chuck: Arm Roast Chuck Roast Brisket

Weight of Roasts: (approx. lb.) 2 3 4 5 6 7 8

Rib: Ribeye Steaks _____ Steaks/pkg Prime Rib _____ lbs Short Ribs

Hind Quarter

Loin: (please select all that apply) Porterhouse T-Bone _____ Steaks/pkg

Sirloin _____ Steaks/pkg Tenderloin _____ Steaks/pkg

Strip Steak _____ Steaks/pkg

Round: (please select all that apply) Round Steak Tenderized Round Steak

Round Roast Rump Roast Stew Meat

Sirloin Tip Roast _____ Weight of Roasts

Eye of Round: Please choose one Roast or Steaks _____ Steaks/pkg

Jerky & Sausage: Jerky _____ lbs Flavors _____

Sausage _____ lbs Flavors _____