

SHEEP CARCASS BUYERS CARD

**This card must be completely filled out and turned in
to the Sheep Superintendent at Fair weigh-in.**

Exhibitor's Name: _____ Parent's Name: _____

Phone No.: _____ Carcass Tag #: _____

It is your responsibility to have your buyer immediately contact Wilson Farm Meat, Inc. at 723-2919 with instructions as to what to do with the animal.

Carcass Buyer: _____

Address _____

Phone: _____

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Carcass Buyer: _____

Address _____

Phone: _____

Lamb Cutting Instructions:

Lamb Chops _____ Thickness
(Average 1" - any thickness)
_____ # in Pkg.

Lamb Leg _____ lbs
(you may indicate whole, 1/2, or other)

Lamb Shoulder Roast _____ lbs
(you may indicate whole, 1/2, or other)

Lamb Stew _____ lbs
Shanks _____ lbs
Ground Lamb _____ lbs

Liver _____
Heart _____
Tongue _____
Kidney _____

**If you have questions, contact:
Wilson Farm Meat, Inc. - 723-2919**

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