

Name: _____ Phone Number: _____

Email: _____ 1 1/2's

M. L. Mitchell & Son
Meat Processing



Phone: 336-591-7420 Email: angie@mitchellsmeatnc.com

If going to customers, please specify their name(s) below:

1: _____ or 1/2A: _____ 1/2B: _____

To be filled out by the plant: Hanging Weight: _____ Label #: _____

Goat Cut Sheet

Initial Cuts	Preference (circle one)			Special Instructions?					
Ribs	No	Riblets	Rack						
Shanks	No		Yes						
Shoulders	Preference (circle one)			Special Instructions?					
	Shoulder Roast	No	Yes	Bone-In	Bone-Out				
	Shoulder Chops	No	Yes						
Loins Each half can have only ONE of these options!	Preference (circle one)								
	Loin Chops – Bone-In	No	Yes				# per pk: _____		
	Chevon Chops – Bone-In	No	Yes – Chops # per pk: _____				Yes - Rack	Yes – Frenched Rack	
Legs	Preference (circle one)			Special Instructions?					
	Leg Roast	No	Yes	Bone-In	Bone-Out				
	Sirloin Chops	No	Yes						
Chevon for Stew	No		Yes	1lb _(standard)	2lb	Other: _____			
Ground Options				Pounds per Pack					
May pick at most TWO flavors:	Mild	Medium		1 _(standard)	2	Other:			
	Hot	Italian							
	Chorizo	Ground – No Seasoning							
Bones	All (around 1-2 bags depending on size of goat and cut choices)			Some – How Many Bags? _____					
Offal - Circle all that you would like									
Tongue	Liver	Heart	Kidney	Testicles (if applicable)					

Other Special Cuts/Instructions not covered above:

Date Processed: _____ Date Contacted: _____

Contact Method: Phone _____ (Voicemail _____) Email _____ (Response? _____)

Est. Date of Pickup: _____