

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 #: \_\_\_\_\_

## Lamb 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	Preference (circle one)					
Each half can have only ONE of these options!						
Loin Chops – Bone-In	No	Yes				
Lamb 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 <sub>(standard)</sub>	2lb	Other: _____
Ground Options				Pounds per Pack		
May pick at most TWO flavors:	Mild	Medium		1 <sub>(standard)</sub>	2	Other:
	Hot	Italian				
	Chorizo	Ground – No Seasoning				
Bones	All (around 1-2 bags depending on size of lamb 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: \_\_\_\_\_