

Date of Drop-off _____

HWY 10 Meat Processing
2681 State Hwy 10
Walsenburg, CO 81089
(719) 890-4581



Contact:

Phone:

hwyl0meats@gmail.com

www.hwyl0meatprocessing.com

LAMB & GOAT

Please fill out IMMEDIATELY, at or before drop-off
Mark each selection clearly; call us with any questions

- * A freezer fee of \$10/day applies 5 business days after the first call.
- * Minimum ground package weight is 1 pound.
- * Any specifications left unmarked will become ground meat.
- * Any meat left for 30 days becomes property of HWY 10 Meat Processing.
- * Additional charges for offal processing¹.
- * Additional charges for rushed orders & prolonged ageing requests.
- * Processing fees are subject to change without notice.

Lamb Goat

PREFERENCES: Thickness of CHOPS/STEAKS – 1" 1.25" 1.50"

Number of CHOPS/packages: _____ Ground Meat: _____ lbs./package

Shoulder	<input type="checkbox"/> Roast	<input type="checkbox"/> Chops	<input type="checkbox"/> Grind	<u>Notes for Butchers:</u>
Rib	<input type="checkbox"/> Whole Rack	<input type="checkbox"/> Chops		
Spare Rib	<input type="checkbox"/> Yes	<input type="checkbox"/> Grind		
Neck	<input type="checkbox"/> Sliced	<input type="checkbox"/> Grind		
Legs	<input type="checkbox"/> Roast <input type="checkbox"/> Whole leg	<input type="checkbox"/> Steak	<input type="checkbox"/> Grind	
Loin	<input type="checkbox"/> Roast	<input type="checkbox"/> Chops	<input type="checkbox"/> Grind	
Stew Meat	___ lbs. per package	# of packages: _____	<input type="checkbox"/> None	
Shanks	<input type="checkbox"/> Yes	<input type="checkbox"/> Grind		
Offal¹	<input type="checkbox"/> None <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Heart			

Carcass Weight: _____

SIGNATURE: _____

Date: _____

Ground Weight: _____

Producer: _____

Contact for pickup/payment: _____

Date Called for P/U: _____

Agree to P/U: _____

Deposit/Payment Received: \$ _____

***Required**

¹ Additional processing fees apply. Offal: heart, kidney, & liver; total \$15