Please complete the following information for animals you are having processed at Sailer’s. If this designation sheet is not returned by the date listed below, we will not pick up or receive you animal(s) for slaughter.

Thanks for your understanding.

Animal Owner –

Slaughter Date –

Animals Scheduled –

Phone #(s) –

Designation Sheet Due Back By -

All Cutting Instructions Due By –

Goes To: Amount Customer’s

Animal # (Customer Name) (Please Circle) Phone #(s)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |
|  |  | **Buffalo** -Whole  -Half -Split Side (1/4)  -Front ¼ -Hind ¼ |  |

This sheet must be returned before your scheduled slaughter date. Thank you!