

*****Please complete the following information for animals you are having processed at Sailer's*****

Animal Owner _____ Slaughter Date _____
 Phone #(s) _____

| Animal # | Goes To: (Customer Name) | Amount (Please Circle) | Customer's Phone #(s) |
|----------|-----------------------------|----------------------------------|---|
| | | Pork Whole or half? | Beef -Whole -Half -Split Side (1/4) -Front ¼ -Hind ¼ |
| | | Pork Whole or half? | Beef -Whole -Half -Split Side (1/4) -Front ¼ -Hind ¼ |
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Forms can be emailed to: customerservice@sailersmeats.com