

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

Forms can be emailed to: customerservice@sailersmeats.com