

**\*\*\*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)
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	
		<b>Sheep</b> -Whole Or -Half	

Forms can be emailed to: [customerservice@sailersmeats.com](mailto:customerservice@sailersmeats.com)