

Lamb, Sheep and Goat Processing Consent Form

Underground Slaughter LLC
6821 Franks Ferry Rd
Walling TN 38583
(931) 330-MEAT (6328)



Please read through the following and initial each line.

_____ Our USDA inspector reviews each carcass and their organs. If the inspector identifies pathological disorders or disease, those organs and or carcass will be condemned. We do not offer refunds for condemned animals. If there is questionable meat on a carcass it will be trimmed. Underground Slaughter, LLC. is not responsible for these losses as it is mandated by the USDA.

_____ Antibiotic residue is not acceptable under USDA regulation. If you have given your animals antibiotics you are required to allow for a grace period for the antibiotics to leave your animals system. You must notify Underground Slaughter, LLC. at the time you make your appointment of any antibiotics administered so an acceptable grace period can be established and agreed upon.

_____ Product will be vacuum packaged and no organs will be saved unless specified on the Lamb, Sheep and Goat Processing Cutting Instructions.

_____ USDA requires that retail establishments apply labeling. You may sell unlabeled items to butcher shops, grocery stores, restaurants, etc., ONLY if the container (bag, box) has the USDA label on the outside. If you are unclear about where you will be selling, all meat will come individually labeled.

_____ I understand that Underground Slaughter, LLC. does not freeze products and that it is my responsibility to freeze any products that are required to be frozen.

_____ I acknowledge and agree that finished product returned to me is my responsibility as far as maintaining temperatures in accordance with FSIS regulations.

_____ I have read and understand Underground Slaughter, LLC's Lamb, Sheep and Goat Processing Consent Form and agree to all of the terms

Additionally:

_____ I have not given my animal antibiotics.

_____ I have given my animal antibiotics but notified Underground Slaughter, LLC. and allowed for a grace period.

_____ I have given my animal antibiotics and was unaware I needed to notify Underground Slaughter, LLC.

_____ I have vaccinated my animals.

_____ I have not vaccinated my animals.

Full Name/Company Name: _____

Signature: _____ Date: _____

Bring this Consent Form and the Lamb, Sheep and Goat Cutting Instructions to your appointment.

Lamb, Sheep and Goat Cutting Instructions

Underground Slaughter LLC
 6821 Franks Ferry Rd
 Walling TN 38583
 (931) 330-MEAT (6328)



Name: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Email: _____ Phone: _____

(Office Use Only)

Slaughter Date _____

Shipped Date _____

Inv.# _____ Ear Tag # _____

Leg <input type="checkbox"/> Chops #____ / Package or <input type="checkbox"/> Roast <input type="checkbox"/> *Boneless (extra charge) or <input type="checkbox"/> Whole or <input type="checkbox"/> Half & Half or <input type="checkbox"/> Trim or <input type="checkbox"/> Other _____	Shoulder <input type="checkbox"/> Chops #____ / Package or <input type="checkbox"/> Roast <input type="checkbox"/> *Boneless (extra charge) or <input type="checkbox"/> Whole or <input type="checkbox"/> Half & Half or <input type="checkbox"/> Trim or <input type="checkbox"/> Other _____
Ribs <input type="checkbox"/> Chops #____ / Package or <input type="checkbox"/> Roast (rack) or <input type="checkbox"/> Half & Half or <input type="checkbox"/> Trim or <input type="checkbox"/> Other _____	Loin <input type="checkbox"/> Chops #____ / Package or <input type="checkbox"/> Roast or <input type="checkbox"/> Half & Half or <input type="checkbox"/> Trim or <input type="checkbox"/> Other _____
Chop Thickness <input type="checkbox"/> ¼" <input type="checkbox"/> 1" <input type="checkbox"/> 1 ½" <input type="checkbox"/> 2" <input type="checkbox"/> Other _____	Soup Bones <input type="checkbox"/> Yes <input type="checkbox"/> No
Spareribs <input type="checkbox"/> Yes <input type="checkbox"/> No (for trim)	Offals <input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Kidneys <input type="checkbox"/> Tongue
Trim <input type="checkbox"/> Stew <input type="checkbox"/> Bone in or <input type="checkbox"/> *Boneless or <input type="checkbox"/> †Ground or <input type="checkbox"/> †Sausage	Notes:

*There is an extra charge for boneless cuts.
 †There is an extra charge for grinding and seasoning.

Customer Signature _____ Date _____

Slaughter Log (Office Use Only)			
Lot# _____	Bin# _____	# Processed _____	Total WT Processed _____
		# Condemned _____	Total WT Condemned _____
Pre-shipment review done by _____			Date _____

All Prices subject to change without notice.