

LAMB PROCESSING FORM

Halswell Butchery: 03 3228747 Email:brad@halswellbutchery.co.nz **Lamb Source:** Name: Address: **MPI declaration**: I confirm that I have been involved in the day to day management of the animal(s) for at least 28 days. Signed: **Contact Name**: _____ Ph:_____ Date: _____ Pack sizes: - Number of people packed for. **Shoulders x 2** (If you would like 2 options please tick 2 boxes) Rolled Shoulder Shoulder Chops Jointed Lamb Shoulder (Bone In) Loin (2 Options) Lamb Loin Chops / Lamb Rack Flaps x 2 Whole/ Rolled Legs (2 Options) Butterflied Leg/ Roast Lamb Leg (Bone In) Roast Lamb cut in half/ Primal Lamb Leg/ Mince **Small Goods** Tomato & Basil Sausage (Gluten Free)

For pricing please refer to our price list.

Lamb Sausage