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# LAMB

Cutting  
Order Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ANIMAL FROM: \_\_\_\_\_

**CHOPS** Packaging: 3 - 4 - 5 - 6 Thickness: ½" ¾" 1" 1 ¼" 1 ½"

**RACK OF LAMB** Chops - Whole

**ROASTS** Size: 1 - 2 - 3 Pounds

**LEG OF LAMB** Whole - Halved - Steaks - Grind

**NECK** Whole - Sliced - Grind

**SHOULDER** Roast - Steaks - Grind

**SHANKS** Yes - Grind

**RIBS** Yes - Grind

**STEW MEAT** Yes - No

**GROUND LAMB** 1 Pound 1 ¼ Pound 1 ½ Pound Seasoned? YES NO

**ORGANS** Heart - Liver - Kidney

**HIDE** Yes - No

PROCESSING NOTES: \_\_\_\_\_