



CUSTOMER ORDER FORM

THIS SHEET IS REQUIRED ALONGSIDE A COMPLETED CUT SHEET PRIOR TO THE SLAUGHTER PROCESS

NAME: _____ **DROP OFF DATE:** _____

CONTACT NUMBER: _____

EMAIL: _____

ADDRESS: _____

*By signing below, you agree to the information provided on the price sheet and the order information sheet. If you are purchasing an animal from Voiron's Abattoir, the required **deposit is nonrefundable**.*

CUSTOMER SIGNATURE: _____

SPLIT

ADDRESS: _____

NAME: _____

CONTACT NUMBER: _____

EMAIL: _____

OFFICE USE ONLY

ANIMAL SPECIES: _____ **ANIMAL NUMBER:** _____

WEIGHTS

LIVE: _____ **LBS**

HANGING: _____ **LBS**

DAYS REQUESTED TO HANG:

_____ **DAYS**

10-14 days is standard and is included in rates

EXTRA CHARGES

**SIDE A
TENDERIZED**

**EXTRA
HANGING**

1 LB PACKs

**TOTAL
EXTRA
CHARGES**

**SIDE B
TENDERIZED**

**EXTRA
HANGING**

1 LB PACKs

**TOTAL
EXTRA
CHARGES**

PAYMENT

DEPOSIT? Y N

**SIDE A
PROCESS**

KILL

DISPOSAL

TOTAL

**SIDE B
PROCESS**

KILL

DISPOSAL

TOTAL

METHOD: VENMO/CC/CHECK/CASH
DATE: _____