

# Livestock Drop Off Sheet

## One Sheet Per Animal

Contact Information Must Be Completed Prior to Unloading

Custom  Retail (Inspected)

Farmer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Live Weight: \_\_\_\_\_

Hide Color/Distinctive Marking: \_\_\_\_\_

Customer Name & Phone Number

\_\_\_\_\_

Customer Name & Phone Number

\_\_\_\_\_

Customer Name & Phone Number

\_\_\_\_\_

Customer Name & Phone Number

\_\_\_\_\_

Contact Crystal 48 hours after drop off to confirm cut sheet  
at 317-326-MEAT (option3) or [crystal@maxwellmeats.com](mailto:crystal@maxwellmeats.com)