



SPECIALTY ITEMS / SHIPPING TICKET

SCALD / SKIN

Contact Name: _____

Farm Name: _____ Farm #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Farm Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Scheduled kill date: _____

Items will be picked up at*: RI Beef & Veal (aka Johnston Beef) Westerly Packing

Pick up Date: _____

Instructions: Fill out this form and give it to the receiver at RI Beef & Veal (aka Johnston Beef) when you drop your animals off. Hides: Farmer is responsible to pay RI Beef & Veal for hides (**Cash ONLY**) and pick it/them up at RI Beef & Veal.

HOGS

Animal Numbers

Hog # _____ Scald **OR** Skin Hog # _____ Scald **OR** Skin
 Hog # _____ Scald **OR** Skin Hog # _____ Scald **OR** Skin
 Hog # _____ Scald **OR** Skin Hog # _____ Scald **OR** Skin
 Hog # _____ Scald **OR** Skin Hog # _____ Scald **OR** Skin

Return/save: Liver Heart Tongue Head Feet Other _____

Special Instructions: _____

BEEF

Animal Numbers

of Beef _____

Return/save: Liver Heart Tongue Hide Other _____

(\$60/hide **Cash ONLY**)

Special Instructions: _____

SPECIALTY ITEMS / SHIPPING TICKET



LAMB

Animal Numbers

of Lamb _____

Return/save: ___Hide (\$20/hide **Cash ONLY**)

Other _____

Special Instructions: _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

RI Beef & Veal

Joel Quattrucci
60 Armento St.
Johnston, RI 02919
401-232-7220

For Office Use Only:

_____ Date Received

_____ Check #