Day Of The Week: M T W TH F

_____
Month/Day/Year

270 4th Ave N
Foley, MN 56329
Phone: (320) 968-7267
Fax: (320) 968-6858
www.gcmeats.com

ANIMAL DISTRIBUTION FORM

Animal Owner: _____ Notes:

Phone Number: _____

Internal Office Use		CUSTOMER INFORMATION			BEEF					HOG/ OTHER	
Cutting Inst. Rec'd	Tag Number	Animal Identifier	Name	Phone Number	Whole	Half	Mixed Qtr	Front Qtr	Hind Qtr	Whole	Half

***** Please complete this page for animals you are having processed at Grand Champion Meats*** Use more than one page if necessary.**

This form must be completed prior to the time of drop off. Forms can be emailed to: gcmeats@foleylocker.com