



Day Of The Week: M T W TH F

Month/Day/Year \_\_\_\_\_

# ANIMAL DISTRIBUTION FORM

270 4<sup>th</sup> Ave N  
Foley, MN 56329  
Phone: (320) 968-7267  
www.gcmeats.com

Animal Owner: \_\_\_\_\_

Notes: \_\_\_\_\_

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

Internal Office Use

Cutting  
Inst.  
Rec'd

Tag  
Number


## CUSTOMER INFORMATION

Animal Identifier	Name	Phone Number

## BEEF

Whole	Half	Mixed Qtr	Front Qtr	Hind Qtr

## HOG/ OTHER

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