ANIMAL DISTRIBUTION FORM

Day Of The Week: ☑ M ☐ T ☐ W ☐ TH ☐ F

_____
Month/Day/Year

Animal Owner: _____

Phone Number: _____

E-mail Address: _____

Notes:

_____ # of Beef _____ # of Hogs _____ # of Other

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

Internal Office Use		CUSTOMER INFORMATION			BEEF							HOG/ OTHER	
Cutting Inst. Rec'd	Tag Number	Animal Identifier	Name	Phone Number	30+ Mo. Old	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