



Processing Order Form

Contact Name: _____

Farm Name: _____ Farm #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Farm Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Scheduled kill date: _____

Please fill out boxed section below

- Order forms that are not filled out completely cannot be processed.

BEEF

Beef UNDER 30 Months _____ X Scheduling Fee (\$ 115/head) \$ _____

Beef OVER 30 months* _____ X Scheduling fee (\$ 175/head) \$ _____

TOTAL for Beef \$ _____

* The USDA Inspector at RI Beef & Veal (Johnston Beef) determines the age of a beef. The criteria used is if the 3rd tooth has erupted. If the 3rd tooth has erupted then the animal must have its spine removed. T-bone steaks are not available on these animals.

Farm #		Animal #	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOGS

Hogs UNDER 275 lbs. (scalded) _____ X Scheduling Fee (\$85/hog) \$ _____

Hogs OVER 275 lbs. (scalded)* _____ X Scheduling Fee (\$120/hog) \$ _____

Hogs Skinned _____ X Scheduling Fee (\$85/hog) \$ _____

TOTAL for Hogs \$ _____

* Over 275 lbs. weight as weighed at RI Beef & Veal: hot weight with head, feet and skin on (scalded).

Farm #		Animal #	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only:
 _____ Date Received
 _____ Check #



Processing Order Form

LAMB/GOAT

of Lambs/Goat _____ X Scheduling Fee (\$45/lamb) \$ _____

VEAL

of Veal _____ X Scheduling Fee (\$55/veal) \$ _____

ORDER TOTAL

Farm #		Animal #	
<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"/>	<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"/>

Total Beef \$ _____

Total Veal + \$ _____

Total Hogs + \$ _____

Total Lamb/Goat + \$ _____

GRAND TOTAL = \$ _____

Make checks payable to: **RI Raised Livestock Association**

Mail completed form and check to:

RI Raised Livestock Association
P.O. Box 640
North Scituate, RI 02857

INFORMATION & INSTRUCTIONS

Please refer to the Processing Scheduling Service – Information & Instructions document for more information and instructions.

CONTACT INFORMATION

RI Raised Livestock Association
P.O. Box 640
N. Scituate, RI 02857
401-575-3348
RIRaised@gmail.com

Westerly Packing
Bruno Trombino
15 Springbrook Rd.
Westerly, RI 02891
401-596-3404 x.102
401-596-7350 (f)
bruno@wpinc.necoxmail.com

RI Beef & Veal (a.k.a. Johnston Beef)
Joel Quattrucci
60 Armento St.
Johnston, RI 02919
401-232-7220