

BUSSARD'S SLAUGHTERHOUSE 2026 DROP OFF SHEET
937-855-3035
PLEASE FILL OUT ONE SHEET PER ANIMAL

DATE:_____

PRODUCER NAME:_____

PHONE NUMBER:_____

ADDRESS:_____

EMAIL:_____

EAR TAG# / ID:_____

AGE OF ANIMAL IN MOS:_____

INITIAL BOX IF ANIMAL IS CLEAR OF ALL DRUG WITHDRAWL PERIOD(S)

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IT IS THE OWNERS RESPONSIBILTIY TO LET ALL CUSTOMERS KNOW TO CALL OR DROP OFF CUTTING INSTRUCTIONS. ALL CUT SHEETS SHOULD BE TURNED IN NO LATER THAN 2 WEEKS FOLLOWING DROP OFF DATE, OR STANDARD PROCESSING WILL APPLY.

WHOLE / HALF / QUARTER

NAME:_____

PHONE:_____

WHOLE / HALF / QUARTER

NAME:_____

PHONE:_____

WHOLE / HALF / QUARTER

NAME:_____

PHONE:_____

WHOLE / HALF / QUARTER

NAME:_____

PHONE:_____

SIGNATURE BELOW CERTIFIES THAT OWNERSHIP OF CATTLE HAS BEEN LEGALLY TRANSFERRED TO THE CUSTOMER(S) NAMED ABOVE. AS WELL AS THIS ANIMAL IS FREE OF ANY RESIDUE(S) OF RESTRICTED DRUGS, AS REQUIRED BY STATE LAW.

DROP OFF SIGNATURE:_____**DATE:**_____

BUSSARDS SIGNATURE:_____**DATE:**_____

OFFICE USE ONLY

LIVE WEIGHT:_____ **RAIL WEIGHT:**_____ **CARCASS TAG#:**_____

UNFIT FOR HUMAN FOOD
YES / NO

AMBULATORY AT TIME OF SLAUGHTER
YES / NO

SRM DISCARDED
-30 MOS / +30 MOS