

MONTHLY CUSTOM PRODUCTION

ESTABLISHMENT NAME: _____

FOR MONTH: _____ YEAR: _____

<u>CUSTOM SLAUGHTER:</u>	NUMBER	WEIGHT
CATTLE		
CALVES		
VEAL		
PORK		
LAMB		
GOAT		
CHICKEN		
TURKEY		
<u>CUSTOM PROCESSING:</u>	NUMBER	WEIGHT
BEEF		
VEAL		
PORK		
LAMB		
GOAT		
CURED AND SMOKED PORK (ONLY PRODUCTS CURED/SMOKED AT YOUR FACILITY)		
RESMOKED PRODUCT (ONLY PRODUCTS RESMOKED AT YOUR FACILITY)		
CURED MEAT OTHER THAN PORK (ONLY PRODUCTS CURED AT YOUR FACILITY)		

MAIL TO:

VT AGENCY OF AGRICULTURE, FOOD & MARKETS
FOOD SAFETY AND CONSUMER PROTECTION DIVISION
MEAT INSPECTION SERVICE, 116 STATE STREET, MONTPELIER, VERMONT 05620-2901
PHONE: 802-828-2426 FAX: 802-828-5983

Or email: agr.meatinspection@vermont.gov

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