Wild Game Meat Inventory Sheet

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Meat Processing Facility **Shipping Inventory**		Agency Name **Distribution Inventory** (fill out if meat is being redistributed)			
Tag #	**# of Packages**	**Recipient of the Meat** (soup kitchen, approved facility, individual)	**Release approved by AHS**	**Release Date** (MM/DD/YY)	**# of Packages Released**
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☐ All meat will be used at the agency (If not, fill out the above distribution inventory)

☐ All meat was received frozen.

Date Shipped (MM/DD/YY): _____

Shipped to: _____

Signature: _____

Date Received from Meat Processor (MM/DD/YY): _____

Staff Name (receiving shipment): _____

Signature: _____

Contact us at 1-833-476-4743 or submit a request online at ahs.ca/eph.

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