Pork Cut Sheet

Name: _____

Phone #:_____

Animal(s) Info: _____

Inspected or Custom

No Package – Freezer Paper – Vacuum Pack

Hams: __ Whole **OR** __ Sausage
__ Half
__ Sliced: Thickness ___ Number per pack*___

Shoulders: __ Whole **OR** __ Sausage
__ Boston Butt
__ Picnic

Sides/Belly: __ Whole **OR** __ Sausage
__ Half
__ Sliced (fresh): Thickness ___ Pound per pack ___

Tenderloin:__ Keep in Chops **OR** __Take out and package separately: Number per pack ___
Loins: __Bone –In Chops: Thickness___ Number per pack*___

Spareribs: __Whole **OR** __Half: Number per pack ___
Neckbones: Yes or No: Pound per pack ___

Sausage: __ Mild __ Med __ Hot __ Italian
__ Stuff __Bulk Pound per pack ___

__Ground Pork: Pound per pack ___

Circle to Keep: Head, Feet: # per pack__, Tail, Skin, Fat, Heart, Kidney, Spleen,

Liver-whole

Note: 1 lb. minimum for packaging. Pick-up is within 7 business days of call/message - Monday-Friday 7am - 3:30pm (closed 12-1 for lunch.) We are not responsible for product left over 30 days.

I agree to the above instructions. Signature _____Date: _____