

PORK

Fax 541-741-0298

Owner _____

Date _____

Ear Tag # _____

Name _____

Lot # _____

Address _____

Slaughter Date _____

Phone _____

Wt _____ Whole/half/half of half

Family Size _____ (small single pkgs is extra charge)

If half of half specify who splitting the half with. Note your orders must be NEAR identical or they will be comprised.

Paper _____ Vacuum _____

Roast Weight _____ Steak Thickness _____

Primals	Subprimal	Thick	Packaging
Shoulder & Front Legs	shoulders		
	Arms/picnic Shanks		
	Rib end B/I or BNLS with Back ribs		less than 1 lb packs are extra \$0.10 lb
LOINS	Loin B/I or BNLS w/Tenderloin	Cure	
	Sirloins	Jowls	
Ribs and Bellies	Spare Ribs	Belly	BP
	Bellies	Leg	BNLS
Hind Legs (Hams)	Hams	Hocks	
	Hocks	Misc.	
Trim & Miscellaneous	All Trim	Sausage	No MSG
	Cheeks/Jowels	Ground Pork	
	heart & tongue	Yes	No
	kidneys		
	liver		
	Leaf Lard	Yes	No
	Back Fat	Yes	No
	Neck Bones		

Weight _____ #xS _____ per/# C&W = \$ _____ Weight _____

Kill Charge \$ _____ x _____ Kill Charge = \$ _____ Kill Charge \$ _____ x _____ Kill Charge = \$ _____

Additional _____ = \$ _____ Additional _____ = \$ _____

Additional _____ = \$ _____ Additional _____ = \$ _____

Total Charges = \$ _____

Total Charges = \$ _____