



Name: _____

Hot Carcass Weight: _____ Unit#: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Notes: _____

Pork Cutout Sheet

Please mark your selections for each category:

ORDER: Whole Half Inspected Packaging: Yes No

Thickness of Chops: (in) ¾ 1 1 ¼ 1 ½

Packaging: Paper or Vacuum Packaging

Variety Meats: Tongue Liver Kidneys Heart Soup Bones Hock-(Smoked/Fresh)

Shoulder: Steaks _____ Steaks/pkg Roast _____ lbs
 Bone – in or Boneless

Loin: Center-Cut Roast _____ lbs. Tenderloin

Chops – please select one: Bone-in or Boneless _____ Chops/pkg

Ribs: (please select all that apply) Spareribs _____ lbs. Backribs _____ lbs.

Hams: please select all that apply) Fresh or Smoked Roast _____ lbs.

Center Cut Ham Steaks

Bacon: (please select all that apply)

Ground Pork: (lb. chubs) 1 1 ½ 2

Fresh or Smoked

Slabbed or Sliced _____ lbs.

Sausage: Additional charges apply. Please select your flavors from our flavor list and **please indicate if you would like your sausage smoked.**

25 LB MINIMUM BATCH WEIGHT. (If you are buying half a hog it may not make batchweight)

Bulk _____ lbs. Flavor _____

Little Link _____ lbs. Flavor _____

Linked _____ lbs. Flavor _____

Ringed _____ lbs. Flavor _____

Patties _____ lbs. Flavor _____

(Please select patty size) ¼ lb 1/3 lb ½ lb