



# PORK CUT SHEET

NAME \_\_\_\_\_ CLIENT \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ SLAUGHTER DATE \_\_\_\_\_

		SIZE	#/PKG	WHOLE	HALF
SHOULDER ROAST	BONE IN	BONE LESS	_____	TOTAL WEIGHT	_____
SHOULDER STEAK	BONE IN	BONE LESS	_____	WASTE	_____
LEG ROAST	BONE IN	BONE LESS	_____	KILL CHARGE	_____
LEG STEAK	BONE IN	BONE LESS	_____	CUT & WRAP	_____
PORK CHOPS	BONE IN	BONE LESS	_____	CURING	_____
SPARE RIBS	WHOLE	HALF	_____	SAUSAGE	_____
* BABY BACK ONLY IF BONELESS CHOPS SELECTED				BOXES	_____
SIDE PORK	BACON	FRESH	_____	GST	_____
GROUND PORK	PAPER	PLASTIC	_____	TOTAL	_____

TENDERLOIN

WHOLE OR HALF

\* NO IF BONE IN PORK C HOPS SELECTED

CURE #

CURE WEIGHT

HAM

BACON

SHOULDER

NOTES:

## SAUSAGE MINIMUM 25 LBS/BATCH

BREAKFAST	REGULAR	_____
	MAPLE	_____
PEPPERONI	REGULAR	_____
	HONEY GARLIC	_____
GARLIC		_____
SMOKIES	REGULAR	_____
	CHEESE	_____
	JALAPENO CHEESE	_____