



Date Slaughtered: _____

Beyond 14 days hang time, there will be a \$2/day

Tag# _____ Age: _____

Weight _____

Ambulatory? _____ Yes _____

Seller Name _____

Seller Phone _____

Name _____ Phone Number _____

Address _____

Pork ½ Whole **NOT FOR SALE**

Please Fill out Completely, Circle Yes or No, Anything left blank will be assumed that you want that item to be ground.

Pork Belly/Bacon: Choose One: **Bacon** Sliced/Whole or **Pork Belly** Sliced/Whole or Grind

Front Shoulder: Shoulder Roast (Boston Butt) **Y/N** Shoulder Steak **Y/N per pkg** _____ **or** Ground **Y/N**

Arm Roast **Y/N** Arm Steak **Y/N per pkg** _____ **or** Ground **Y/N**

Shank **Y/N**

Loin : **Option 1:** - Bone-In Chops Thickness _____ Chops per PKG _____ Bone-In Roast Size _____

Option 2: - Boneless Chops Thickness _____ Chops per PKG _____ Boneless Roast Size _____

Cure the Hams? Y/N

Hind Quarter: **Option 1** - Leave Leg/Ham Whole with Shank On **Y/N**

Option 2 - Bone in Leg/Ham Roast **Y/N** Size _____ Leg/Ham Steaks **Y/N** Shank **Y/N**

Option 3 – Boneless Leg/Ham Roast **Y/N** Boneless Ham Sliced **Y/N** Shank **Y/N**

Organs: We no longer take organs back to the shop. Let the butcher know and have bags or totes ready.

Misc: Grind : **1lb 2lb 5lb** Packages

Sausage Choice#1 _____

Sausage Choice#2 _____

Sausage Choice#3 _____

Date of SRM Removal _____ Name of person who removed SRM _____

Date of SRM Disposal _____ Method of Disposal _____

I affirm that the age of this animal is under 30 months of Age. Signature _____