



Producer: _____ Tag# _____ Harvest Date: _____
 Wt. _____ Price Dept _____ Labels _____ Cust Name _____
For office use only Customer phone # _____

Pork Cut Sheet

	Cuts	Notes
LEG	Leg Hocks	
LOIN	Bone-in Sirloin Chops and Loin Chops OR Boneless Sirloin Chops, Boneless loin chops, Tenderloin, and Baby back ribs (circle one)	
SHOULDER	Bone-in shoulder chops OR Boston Butt and Picnic shoulder (circle one)	
BELLY	Spare Ribs Belly	
GROUND	Ground Pork (amount varies by carcass)	
SAUSAGE SERVICE	Italian OR Spicy OR Country	
CURING/SMOKING SERVICE	BELLY/BACON: Yes/No LEG/HAM: Yes/No HOCK: Yes/No	Offal Weight: _____ <i>For office use only</i>
Special Request		
Offal to save	<input type="checkbox"/> Tongue <input type="checkbox"/> Ox-Tail <input type="checkbox"/> Kidney <input type="checkbox"/> Heart <input type="checkbox"/> Liver	

All chops cut to 1" unless noted otherwise