

Pork

Name _____
Address _____
Town, State, Zip _____
Tel # _____
E-Mail _____

Pre-Shipment _____
Billed _____ Smoking _____
RofP _____
Slaughter Fee _____
Trucking Fee _____
Date In _____
Date Ordered _____

Whole Pig _____ 1/2 Pig _____ Roaster _____ 1/2 _____ Whole _____

_____ Chops (Bone In) _____ How many Chops per pkg
_____ Boneless _____ Tenderloin (Whole-Cut) _____ Baby Back Ribs
_____ Country Style Spare Ribs (Yes or No)
_____ Spare Ribs (yes or no)
_____ Roast (how many pounds)
_____ Fresh Shoulder (Roast- or- Pork Steaks - or put into sausage)
_____ Fresh Ham (Steaks & Roast)
_____ Fresh Bacon- Sliced (Slab Style/Med /Thinner or left on Ribs)

Number of Crates

Weight

Ground Pork - &/or - Breakfast / Maple / Hot Italian / Sweet Italian / Garlic / Chorizo
(No Seasoning) (Sausage Flavors ----->----->Circle Choice-->----->----->)

_____ Fat Back: Yes or No
_____ Liver: Yes(Sliced or Whole) or No
_____ Heart: Yes (Sliced or whole) or No
_____ Leaf Lard: Yes or No

Other Instructions:

SMOKING

_____ Ham (Stk and Roast/Brk Ham or Whole or Cut in half)
_____ Bacon (Slab Style/Med/Thinner _____ pounds per pkg)
_____ Shoulder (whole -or- Cut in half- or- Steaks)
_____ Other _____
_____ Other _____
_____ Other _____

Number _____