



Pork Form

Hanging Weight: _____
Farmer: _____
Kill Date: _____

Customer Name: _____

Phone #: _____ Date Completed: _____

Pork: Whole / Half **Organs:** Heart / Liver / Tongue / Tail/ Feet / Lard

Ground Pork: _____ lbs/pkg **Roasts:** _____ lbs/pkg

Chops: _____" Thick _____#/pkg *one/pkg costs extra

Hocks: Fresh / Smoked / Grind

Butts: Chops / Roast / Grind **Picnics:** Roast / Grind

Loin: Chops / Roast / Bone-in / Boneless & Back Ribs

Side Rib: Whole / Cut in Half

Side Pork: Yes / No **OR Bacon:** Yes / No

_____ lbs sent for smoking

Hams: Fresh / Smoke / Roasts / Steaks / Grind

_____ lbs sent for smoking

Sausage: _____ lbs _____ seasoning

*25lbs per batch - extra service fee

Total Smoking: _____ **# of Bins** _____