PORK

Whole, ½ WEIGHT HANGING_____

Date_____ LIVE WEIGHT_____

Customer Name _____

DEPOSIT

GIVEN_____

Address _____

_____

Phone _____

Farm beef is from _____

Pick up Yes or No

Address _____

_____

Phone _____

Order Taken By _____ **CUSTOM LABEL YES OR NO or Mease Label**

Whole Pork loin Yes or No

Pork Chops Bone or boneless ½, ¾, 1 inch

Smoked Pork Chops Bone or boneless ½, ¾, 1 inch

Ham # _____ Slice centers and end roasts -- ½, ¾, 1 inch **Ham Hocks** YES or NO

Bacon #_____Slices yes or no

Pork Steak ½, ¾, 1 inch #_____

Pork Roast #_____

Pork Ribs Yes or No ---------- Slab or country style

Fresh Pork Sausage_____ **Smoked Sausage** _____ **Polish Kielbasa** _____

Sweet Italian _____ **Hot Italian**_____

Apple Maple _____ **Cajun** _____

Cheese steak_____ **Ground Pork** # lbs _____

German Kielbasa _____**Breakfast**_____ %Beef Added_____

Beef added

Total Trim _____ **Called for Pick up** _____

Cattle Only:

Owner of this animal attests that this animal is:

Less than 30 months

More than 30 months

SRMs for this animal's age were disposed of properly.

Yes or No

All Animals:

This animal was ambulatory upon arrival.

Yes or No

This animal was injured after arrival.

Yes or **No**

This animal was unfit for human consumption.

Yes or **No**

This animal was disposed of.

Yes or **No**

This animal was processed and delivered to the customer.

Yes or No

Pathogen control:

Minimum internal temp was met of _____Fahrenheit

Date :_____ Time:_____ product was moved to cooling.