

BRANDING IRON BUTCHER SHOP
PORK Cutting Instructions

Name: _____

Whole Half

Phone # : _____

Date Received _____

Hot Weight: _____ #s

Producer's Name and Address:

Roasts: _____ #s

Steaks/Chops: _____”

Sausage Flavor Choices

Maple

Breakfast

Italian

Hot

Shoulders

Steaks / Roasts

Pork Belly

Whole Fresh / Bacon _____ # + _____ #

Loin

Chops / Whole boneless / Canadian Bacon _____ #

Ham

Whole / Roasts / Steaks Fresh / Cured Weight _____ # + _____ #

**Extras and
Comments:** _____

Any specific requests will be listed in the comments section above or transferred to the custom cut sheet.

Estimated Pick-Up DATE: _____