PORK CUT SHEET

Date: _____

Producer:_____

Customer: _____

Email:_____

Carcass ID: _____

Telephone: _____

This Space For Plant Use Only:

Whole Pig / Pig ½

HCW: _____

Seasonings: _____

Boxes: _____

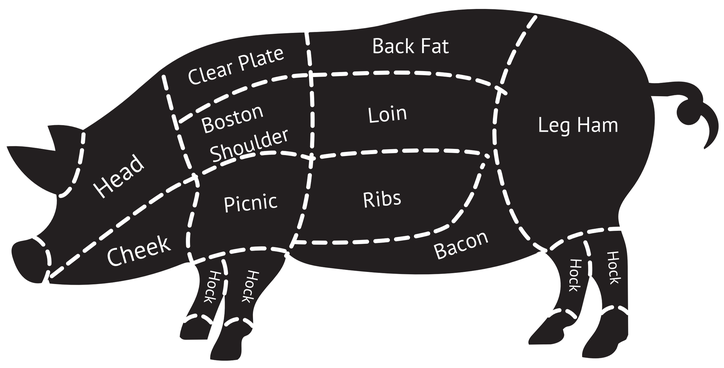
Person Labeling:_____

Final QC Person:_____

MontShire Farms
Quality Meats
New Hampshire 03774

603-787-9199
customerservice@montshirefarms.com

Prices are based on hanging weight,
Please see our website for current pricing.



WE DO NOT OFFER SMOKING SERVICES
WE RECOMMEND FOR USDA INSPECTED PROCESSING:
GREEN MT SMOKEHOUSE (WINDSOR VT) TO
SCHEDULE APPT: (802) 624-6653
NON USDA SMOKING: MOONLIT FARM (SUTTON NH)
(603)-748-1852

USDA (FOR SALE) generic Farmer's Brand Label

OR

Your own USDA/FSIS Approved Farm Label:_____

Please indicate quantity of roasts and how many pounds you would like them to be. Also please indicate how thick you would like your steaks/chops to be. If there is a cut you do not wish to have, you can specify that it be put into ground. You may choose 1 kind of sausage per pig.

PACKAGE DETAILS

Ground: 1# or 5# or 10#

Chops per pack:_____

Roast size:_____#

HAMS

(Circle one: Smoked or Fresh)

Whole: _____

½ Hams: _____

Ham Steaks: _____

BELLY

(Fresh or smoked for bacon)

Whole /Slab/Sliced

PICNIC SHOULDER

Whole: _____

Roasts: _____

Chops: _____

SHOULDER BUTT

Roast: Bone-in or boneless OR

Country Style Ribs: Bone-in or boneless (circle one)

LOIN

Roast: Bone in or boneless (circle one)

Chops: Bone in or boneless (circle one)

Sirloin Roasts or Cutlets: (circle one)

SPARER IBS/BABY BACK RIBS

(Baby backs only available when boneless loin chops are selected)

Spareribs: ½ Rack or whole: (circle one)

Baby Back Ribs: yes or no (circle one)

ORGANS

Y/N

Heart: _____
Liver: _____
Tongue: _____
Back Fat:_____
Leaf Lard:_____

TRIM/S AUSAGE

(Can choose one flavor of sausage)

Hot Italian: 1# or 5#

Sweet Italian: 1# or 5#

Breakfast: 1# or 5#

Ground Pork: 1# or 5#

Bagged Trim: 5# or 10#

Notes:_____

www.montshirefarms.com