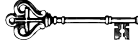


KEY'S

Family BUTCHER SHOP



USDA _____

Slaughter Date: _____

CUSTOM _____

Process Date: _____

PORK CUTTING ORDER

Name		Phone				
Address						
	FRESH	SMOKE	WHOLE	HALVED	SLICED	
<i>Ham 1</i>						Cure Weight
<i>Ham 2</i>						
<i>Belly</i>						
<i>Hocks</i>						
<i>Jowls</i>						
Ribs	LOINS				Thickness	Per Package
Whole	<i>B/l Whole</i>		<i>B/l Chops</i>			
Cut	<i>Bnls Whole</i>		<i>Bnls Chops</i>			
None						
Shoulders	Ground Pork	Head		Fat		
Roast	Regular Sausage	Neck	Feet			
Steaks	Hot Sausage	Liver				

Hog Description		NOTES
Live Weight		
Dressed Weight		
Fat Trimmed _____		
Total Sacks _____		
Total Boxes _____		
Pick up Date		