

Lot Number: _____

of Boxes _____

Shelf Number _____

The Steel Buffalo Butchery
Pork Cut Sheet

_____ Whole Pig _____ 1/2 pig

Customer Information:

Name: _____
 Cell#: _____
 Email: _____
 Address: _____
 City _____ State _____

Today's Date: _____ Kill Date: _____
 Age of Animal _____

- Any Cuts not selected will be used for Sausage
- All Cuts are standard 3/4" unless specified
- Roast Weight is 3-4lbs unless specified
- Italian Sausage/Bratwurst (minimum of 10lbs per flavor @ **\$5.00 per lb.**)

USDA: This is a signed agreement that the owner of the livestock being delivered attests the animal/s are within the limit set forth by the USDA for antibiotic residue. If the animal is tested for residue of the antibiotic nature and found to be outside of the limit, the owner of the livestock, signed below, understands that the livestock will be deemed adulterated and condemned at the livestock owner's expense. Disposable account of USDA 9CFR accordance.

Signature _____

	USDA	Custom
Kill Fee	\$80.00	\$60.00/\$30.00
Hanging Weight: _____ (Supplied by the Customer)	@ \$1.25lb = \$ _____	@ \$1.00lb = \$ _____
Hanging Weight: _____ (Supplied by Steel Buffalo)	@ \$3.50lb = \$ _____	N/A

*\$50.00 Split fee

Pork Loins	THICKNESS	QTY (OFFICE USE ONLY)
<input type="checkbox"/> Pork Loin Chops		
<input type="checkbox"/> Boneless		
<input type="checkbox"/> Bone In (No Babyback Ribs)		
<input type="checkbox"/> Pork Loin Roast		
<input type="checkbox"/> Boneless		
<input type="checkbox"/> Bone In (No Babyback Ribs)		
<input type="checkbox"/> Whole Inner Tenderloin		
<input type="checkbox"/> Babyback Ribs		

Ground	QTY (OFFICE USE ONLY)
<input type="checkbox"/> Ground/Sausage	
<input type="checkbox"/> Plain	
<input type="checkbox"/> Mild	
<input type="checkbox"/> Hot	
<input type="checkbox"/> Italian Sausage (5.00lb)	_____ lbs
<input type="checkbox"/> Mild Italian	\$ _____
<input type="checkbox"/> Hot Italian	
<input type="checkbox"/> Sweet Italian	
<input type="checkbox"/> Bratwurst (\$5.00lb)	_____ lbs
	\$ _____

Pork Shoulders	Qty
<input type="checkbox"/> Boston Butt	
<input type="checkbox"/> Whole	
<input type="checkbox"/> Halved	
<input type="checkbox"/> Country Style Ribs	
<input type="checkbox"/> Pork Shoulder Steaks	

Hams
<input type="checkbox"/> Whole
<input type="checkbox"/> Halved
<input type="checkbox"/> Steaks _____" Thickness

Bones
<input type="checkbox"/> Hocks/Shanks
<input type="checkbox"/> Neckbones

Pork Belly	Qty
<input type="checkbox"/> Slab Bacon (uncured)	
<input type="checkbox"/> SpareRibs	
CURED CUTS (\$4.00lb)	
<input type="checkbox"/> Bacon _____	_____ lbs
	\$ _____
<input type="checkbox"/> Ham Steaks(1" Max) _____	_____ lbs
	\$ _____

Amount Due:	
Processing Fee:	\$ _____
Specialty Fee:	\$ _____
Kill Fee:	\$ _____
Split Fee:	\$ _____
Minus Deposit	\$- _____
Total Due:	\$ _____

_____ Processing Complete

_____ Date Called

_____ Date Picked up:

Pymt Type: Cash/Credit Card/Check