



MEAT PROCESSING

Circuit Creek Meat Pork Cut Sheet

(603) 944-2952

Your First & Last Name: _____

Your Address: _____

Phone: _____ Date: _____

WHOLE PIG: _____ HALF PIG: _____

Smoked Meat:

Bacon _____ Hams: _____ Other: _____

Fresh Pork:

Loin: Pull Tenderloin: Yes _____ OR No _____

Chops: Thickness: _____ Chops per package: _____

Loin End Roast: Yes _____ OR No _____ Rib End Roast: Yes _____ OR No _____ Weight: _____ lbs

Boston Butt:

Roast (Pulled Pork): Weight _____ OR Country Styles _____ OR Both _____

Shoulder:

Roast Weight _____ OR Steaks _____ Thick _____ OR Grind _____

Ham: (If not being smoked)

Boneless Roasts _____ OR Cutlets _____ OR Fresh Ham Steaks _____ OR Stew _____

Ground Pork: (Choose 1 for half a pig, 2 for whole)

Unseasoned _____ Breakfast _____ Sweet Italian _____ Cheese and Garlic _____

Offals:

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

Animal Weight _____ X _____ /LB= Total \$ _____