



**MEATWORKS PORK CUTTING INSTRUCTIONS**  
 (774) 319-5616 / [travis@meatworkswestport.com](mailto:travis@meatworkswestport.com)  
**HOURS: 7:00AM - 3:30PM**  
**LIVESTOCK RECEIVING HRS:**  
**MON - THUR 1:00PM - 3:00PM SUN 12:00PM - 1:00PM**

**THREE PIGS PER  
 CUT SHEET  
 \$100 CHARGE FOR  
 EACH ADDITIONAL  
 CUT SHEET**

CUSTOMER NAME			FARM NAME	
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PHONE #	# OF ANIMALS	PEN #	KILL DATE	ORDER #
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LOT #/CARCASS ID (S)

EMAIL CONTACT

**\*\*SPECIAL CUTS REQUESTED THAT ARE NOT ON OUR CUT SHEET ARE SUBJECT TO \$3.00/ LB. SURCHARGE\*\***

*Meatworks will make reasonable efforts to cut animals to producer specifications provided on cut sheets, however, Meatworks reserves the right to make cutting decisions at the butcher's discretion based on the size of the animal, the species, desired finished product, and other relevant factors at the time of cutting without producer notification.*

**CHOP THICKNESS:** 1" \_\_\_ 1.25" \_\_\_ 1.5" \_\_\_    **ROAST WEIGHTS:** 2-3LBS \_\_\_ 3-4LBS \_\_\_ 4-5LBS \_\_\_

**SMOKE OPTION (CHECK ONE):** \_\_\_ CONVENTIONAL CURE    \_\_\_ NATURAL CURE

**CHOOSE ONE OF THE FOLLOWING OPTIONS FOR EACH CUT:**                      **FRESH**                      **OR**                      **SMOKE**                      **OR**                      **GRIND**

<b>SHOULDER</b>	___ WHOLE (3168) ___ ROAST (3172)	___ PICNIC WHOLE (3569) ___ PICNIC HALVES (3570)	___ GRIND
<b>BUTTS</b>	___ WHOLE (3285) ___ ROAST (3184) ___ BLADE CHOPS (3186) ___ COUNTRY STYLE RIBS (3198)	___ COTTAGE BACON (3566)	___ GRIND
<b>HAMS</b>	___ WHOLE (3387) ___ HALVES (3392/3396) ___ CENTER ROAST (3402) ___ CENTER SLICE (3404)	___ WHOLE (3670) ___ HALVES (3729/3703) ___ CENTER ROAST (3741) ___ CENTER SLICE (3743)	___ GRIND
<b>LOINS</b>	___ WHOLE (3251) ___ ROAST (3268/3266/3328) ___ CHOPS (3298/3313/3338)	___ CANADIAN BACON (3659) ___ SMOKED PORK CHOPS (3630/3640)	___ GRIND
<b>BELLY</b>	___ WHOLE (3427) ___ SLABS (3431)	___ BACON SLICED (3919) ___ BACON SLABS (3090)	___ GRIND
<b>MISC.</b>	___ SKIN ON JOWL (4005) ___ HOCKS (3511) ___ SPARE RIBS (3468)	___ JOWL BACON (3946) ___ SMOKED HOCKS (3589)	___ GRIND

**PORK ORGAN MEAT \*ORGAN MEAT PASSING USDA INSPECTION**

CIRCLE ONE: ORGAN MEAT YES / NO    CIRCLE ONE: FEET (If they are able to be cleaned.) YES / NO

CIRCLE ONE: LEAF LARD/FAT BACK YES / NO    (Please note if you are selecting ground pork and/or sausage, this option may not be available.)

**GROUND PORK (NO MINIMUM) \*IF YOU SELECT SAUSAGE THE VALUE-ADDED SERVICE SECTION MUST BE COMPLETED**

**5400** 1-LB PKG \_\_\_    SAUSAGE \_\_\_ (50LB BATCH SIZE)    PACK AS TRIM \_\_\_

**VALUE ADDED SERVICE INSTRUCTIONS (CIRCLE CHOICES)**

<i>HOW MANY LBS.?</i>	<b>FRESH SAUSAGE OPTIONS 50 LB MINIMUM PER BATCH</b>	<i>BULK (1LB)</i>	<i>LINKS</i>
		<b>ADD \$1.20/LB</b>	<b>ADD \$2.20/LB</b>
	<i>Signature Blends</i>		
	BREAKFAST	5421	5481
	HOT ITALIAN	5423	5483
	SWEET ITALIAN	5424	5484
	CHORIZO	5428	5488
	**MAPLE BREAKFAST	5422	5482
	**FRESH KIELBASA	5427	5487
	**BRATWURST	5426	5486
	<i>**While supplies last**</i>		

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**\*\$50 FEE FOR CUT SHEETS NOT TURNED IN AT TIME OF DROP OFF**  
**\*\*SPECIAL CUTS REQUESTED THAT ARE NOT ON OUR CUT SHEET ARE SUBJECT TO \$3.00/ LB. SURCHARGE\*\***  
**\*MINIMUMS APPLY FOR ALL VALUE ADDED SERVICES**  
**By signing you agree to our Terms of Service.**

I attest that all livestock referenced by this document and delivered to Meatworks was/were born, fed, and raised in the USA. I further attest to adhering to the required withdrawal time for any medication that has been administered to my animal(s) prior to slaughter. I understand that unacceptable levels of drug residues detected in edible tissues collected at time of slaughter may result in traceback, quarantine, and potential fines or jail time.

**CUSTOMER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**YOU WILL BE CALLED AS SOON AS PRODUCT IS READY FOR PICK UP**  
**PLEASE SCHEDULE PICK UP WITHIN 5 DAYS OF BEING NOTIFIED TO AVOID CHARGES**

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).