

PORK PROCESSING SHEET

Miller Charm Farm LLC,
 137 St. Peters Road, Tamaqua Pa 18252
 Phone: (0)386-4387 Email: mcf4387@gmail.com Website: www.millercharm farms.com

Name: _____ Phone: _____ Date: _____
 Clerk: _____ ½ Hog Whole Hog Slaughter: Yes No Scald: Yes No Chops Thickness: _____
 Vac Seal: No OR Yes (Steaks/pk: _____ Cubes/pk: _____ lb. Sausage: _____ lb. Patty: _____ lb.) Roasts: _____ lb.
 MCF Label: No OR Yes, Label Name: _____ Weight: _____

| Pork Cuts | Initial Check |
|--------------------|---------------|
| Country Style Ribs | |
| Pork Chop Bone In | |
| OR Baby Back Ribs | |
| OR Spare Rib | |
| W/boneless Chops | |
| Loin Roast | |
| | |
| Butt Steaks | |
| Butt Roast | |
| Picnic Roast | |
| OR Grind | |

| Smoked Items <i>(Extra fee \$1/lb.)</i> | Smoke #s | Initial Check |
|--|----------|---------------|
| Smoked Bacon: Whole Sliced: Thin/Thick | | |
| Hams Smoked Whole Sliced w/Ends | | |
| Smoked Pork Chop | | |
| Smoked Sausage | | |

| Organs | Initial Check |
|------------|---------------|
| Heart | |
| Liver | |
| Tongue | |
| Head | |
| Neck Bones | |

| Ground Pork | Lbs. | Initial Check |
|----------------|------|---------------|
| 1 lb. OR 2 lb. | | |
| Patties: ¼ lb. | | |

| Fresh Sausage <i>Extra fee \$1/lb.</i> | Lbs. | Initial Check |
|--|------|---------------|
| Bulk OR Casing | | |
| Italian | | |
| Hot Italian | | |
| Pepper/Onion | | |
| Apple | | |
| Country | | |
| Breakfast Patties <i>Extra Fee\$.60/lb.</i> | | |
| Reg or Maple | | |

| Fresh | | Initial Check |
|--------------------------------|--|---------------|
| Hams: Sliced or left whole | | |
| Bacon: Sliced or left whole | | |
| Hocks: Yes or No | | |

PORK PROCESSING SHEET

**Miller Charm Farm LLC,
137 St. Peters Road, Tamaqua Pa 18252**

Phone: (0)386-4387 **Email:** mcf4387@gmail.com **Website:** www.millercharm farms.com

Special Instructions:

Cost Worksheet:

| | |
|-------------------------------------|-----------------|
| Slaughter Fee: \$30 x _____ animal | \$ _____ |
| Scalding Fee: \$40 x _____ animal | \$ _____ |
| Processing Fee: \$.55 x _____ lb. | \$ _____ |
| Vacuum Sealed: \$.50 x _____ lbs. = | \$ _____ |
| Patty Fee: \$.60 x _____ lbs. = | \$ _____ |
| Sausage Fee: \$1.00 x _____ lbs. = | \$ _____ |
| Smoking Fee: \$1.00 x _____ lbs. = | \$ _____ |
| TOTAL COST: | \$ _____ |

Date Picked up: _____ **Customer's Signature:** _____ **Clerk's Initials:** _____