

CINDER BUTTE MEAT COMPANY  
 541-548-6328  
 197 N.E. O'NEIL ST. REDMOND, OR. 97756

PICK UP AT:  
 REDMOND \_\_\_\_\_  
 PRINEVILLE \_\_\_\_\_

NAME:		PHONE:	
ADDRESS		GROWER:	
EMAIL ADDRESS		GROWER PHONE:	
KILL DATE	C/W DATE	HANGING WEIGHT	CURE NO.

HOG CUTTING INSTR:    **WHOLE** \_\_\_\_\_  $\frac{1}{2}$  \_\_\_\_\_    **WRAP FOR** \_\_\_\_\_    **NO. OF PEOPLE**

<b>PORK CHOPS</b>	1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/>	1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/>	GRIND <input type="checkbox"/>
<b>BABY BACK RIBS</b> (most of chops will be boneless)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GRIND <input type="checkbox"/>
<b>SHOULDER ROAST</b>	2# <input type="checkbox"/> 3# <input type="checkbox"/>	4# <input type="checkbox"/> 5# <input type="checkbox"/>	GRIND <input type="checkbox"/>
<b>PORK STEAKS</b> (or leave as part of shoulder roast)	1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/>	1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/>	GRIND <input type="checkbox"/>
<b>SPARE RIBS</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GRIND <input type="checkbox"/>
<b>HAM</b>	SMOKED/CURED YES <input type="checkbox"/> NO <input type="checkbox"/>	CUT HAMS IN 1/2's <input type="checkbox"/> 1/4's <input type="checkbox"/> WITH STEAKS <input type="checkbox"/>	GRIND <input type="checkbox"/>
<b>HAM HOCKS</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>BACON</b>  1# <input type="checkbox"/> 1 1/2# <input type="checkbox"/> 2# <input type="checkbox"/>	SMOKED/CURED YES <input type="checkbox"/> NO <input type="checkbox"/>	SLICED THIN    REG    THICK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	REGULAR <input type="checkbox"/>  PEPPERED <input type="checkbox"/>
<b>SAUSAGE</b>  1# <input type="checkbox"/> 1 1/2# <input type="checkbox"/> 2# <input type="checkbox"/>	BREAKFAST <input type="checkbox"/> SWT ITALIAN <input type="checkbox"/> SAGE <input type="checkbox"/>	C.B. BLEND <input type="checkbox"/> HOT ITALIAN <input type="checkbox"/> FRESH GROUND <input type="checkbox"/>	MAPLE <input type="checkbox"/> CHORIZO <input type="checkbox"/> G.S.J <input type="checkbox"/>

SPECIAL INSTRUCTIONS

**C**  
  
**T**