



Pork Processing Instructions

Customer Details

To maintain quality & allow for processing efficiency, cut instructions must be received within 48 hours of animal drop off or standard cuts will be applied.

Name:		
Address:		Tag Number:
Phone Daytime:		Phone Evening:
Hog Bought From:		Sellers Phone Number:
Date Butchered:	Date Cut:	Date Called:
Box Count:	Hanging Weight:	<input type="checkbox"/> Whole Hog <input type="checkbox"/> Half Hog

Mark the Desired Options

#'S	Primal	Option	Portioning/Thickness		Special Instructions
	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Picnic	___ lbs.	___ ea	
<input type="checkbox"/> Boston Butt		___ lbs.	___ ea		
<input type="checkbox"/> Steaks		<input type="checkbox"/> ½" <input type="checkbox"/> ¾" <input type="checkbox"/> 1"	___ ea		
	<input type="checkbox"/> Jowl	<input type="checkbox"/> Cure			
	<input type="checkbox"/> Belly	<input type="checkbox"/> Cure			
		<input type="checkbox"/> Fresh			
	<input type="checkbox"/> Spare Ribs		Whole	1 ea	
	<input type="checkbox"/> Ham	<input type="checkbox"/> Cure	<input type="checkbox"/> ½" <input type="checkbox"/> Half <input type="checkbox"/> Whole <input type="checkbox"/> Center Cut	___ ea	
		<input type="checkbox"/> Fresh	<input type="checkbox"/> ½" <input type="checkbox"/> Half <input type="checkbox"/> Whole	___ ea	
		<input type="checkbox"/> Cutlets	<input type="checkbox"/> ½" <input type="checkbox"/> ¾" <input type="checkbox"/> 1"	___ ea	
	<input type="checkbox"/> Hock	<input type="checkbox"/> Cure	<input type="checkbox"/> Cut <input type="checkbox"/> Whole	1 ea	
		<input type="checkbox"/> Fresh	<input type="checkbox"/> Cut <input type="checkbox"/> Whole	1 ea	
	<input type="checkbox"/> Loin	<input type="checkbox"/> Chops	<input type="checkbox"/> ½" <input type="checkbox"/> ¾" <input type="checkbox"/> 1"	___ ea	<input type="checkbox"/> Boneless <input type="checkbox"/> Bone-in
		<input type="checkbox"/> Baby Back Rib	Whole	1ea	(Eliminates Bone-On Loin/Chops)

Trim	Option	Packaging	Special Instructions			
Ground / Sausage	Chubs	___1 ___lb.	<input type="checkbox"/> Plain <input type="checkbox"/> Salt-N-Pepper <input type="checkbox"/> Maple <input type="checkbox"/> Bell Pepper & Onion	<input type="checkbox"/> Sage <input type="checkbox"/> Italian	<input type="checkbox"/> Breakfast	
Patties	¼	___1 ___lb.	<input type="checkbox"/> Ground / Plain <input type="checkbox"/> Sausage			
Brats	¼	___1 ___lb.	<input type="checkbox"/> Regular <input type="checkbox"/> with Cheese	or _____		

By signing this form, you affirm that all information and instructions provided are accurate and final.

Customer Signature: _____ Date: __/__/__

*A courtesy call will be made upon completion of an order.
Unless prior arrangements have been made, a product not picked up within 10 days from the date you are called will have
\$5.00 per day storage fee added to the total price. Any product left after 90 days will be disposed of,
unless prior arrangements have been made.*

EMAIL PROCESSING INSTRUCTIONS TO: info@hermannwursthaus.com



HERMANN WURST HAUS

DELI & MARKET HOURS

MONDAY - SATURDAY 8:00 AM - 4:00 PM

SUNDAY 8:00 AM - 2:00 PM

234 E. 1st St., Hermann, MO
573-486-2266
HermannWurstHaus.com

For Internal Use Only:

Box Weight	Trim Weight

P1 Box Count	Total Box Count

NOTES

Lbs. _____ Kill Fee @ \$95.00 _____
Lbs. _____ Processing @ \$1.15/lb. _____
Lbs. _____ Cure @ \$2.50/lb. _____
Lbs. _____ Brats @ \$2.50/lb. _____
Lbs. _____ Total _____