

Name: _____ Phone Number: _____

Email: _____ 1 1/2's

M. L. Mitchell & Son
Meat Processing



Phone: 336-591-7420

Email: angie@mitchellsmeatnc.com

If going to customers, please specify their name(s) below:

1: _____ or 1/2A: _____ 1/2B: _____

To be filled out by the plant: _____ Hanging Weight: _____ Label #: _____

Pork Cut Sheet

Initial Cuts	Preference (circle one)				Special Instructions?		
Belly	No	Whole	Sliced	Chunked			
Ribs	No	Standard Ribs	Rack				
Hocks	No		Yes				
Shoulders	Preference (circle one)				Special Instructions?		
	Boston Butts		No	Yes			
	Shoulder Roast		No	Yes	Portioned	Whole	
	Shoulder Steaks		No	Yes	1/2" Thick OR Other:	1per pk OR Other:	
Loins	Preference (circle one)				Thickness	Special Instructions?	
Each half can have only ONE of these options!					(Standard is 1/2")		
Pork Chops – Bone-In <small>(Standard packing is 4per pk)</small>	No		Yes				
Boneless Pork Chops (Dark and White Meat) <small>(Standard packing is 4per pk)</small>	No		Yes				
Boneless Tenderloin (White Meat Only) <small>(Standard packing is 4per pk)</small>	No	Yes	Whole	Sliced			
Hams	Preference (circle one)				Special Instructions?		
	Ham Roast		No	Yes	Portioned	Whole	
	Ham Steaks		No	Yes	1/2" Thick OR Other:	1per pk OR Other:	
Ground Options				Pounds per Pack			
May pick at most TWO flavors:	Mild		Medium		1 _(standard)	2	Other:
	Hot		Italian				
	Chorizo		Ground – No Seasoning				
Bones	All <small>(around 2-8 bags depending on size of hog and cut choices)</small>				Some – How Many Bags? _____		
Offal - Circle all that you would like							
Jowls	Liver		Heart		Kidney		Testicles <small>(if applicable)</small>
Other Special Cuts/Instructions not covered above:							

Date Processed: _____ Date Contacted: _____

Contact Method: Phone _____ (Voicemail _____) Email _____ (Response? _____)

Est. Date of Pickup: _____