

Invoice # _____

OFFICE USE ONLY

Box Count: _____

Slaughter Date: _____

Box Date: _____

Processing Date: _____

PROCESSING INSTRUCTIONS

9049 HWY 789 PO BOX 190

HUDSON, WY 82515

PHONE (307) 332-3655

FAX (307) 332-3665

INFO@FRANKSBUTCHERSHOP.COM



OFFICE USE ONLY

USDA Inspected

Custom Exempt

DENTITION:

+30 / -30

YOUR NAME: _____

INVOICE TO: _____

YOUR ADDRESS: _____

YOUR PHONE: _____

YOUR EMAIL: _____

NAME OF GROWER OR PRODUCER: _____

HALF OR WHOLE CARCASS ID: _____ **HCW:** _____

Chops/pkg: 2 or *BULK	Fresh Ham <i>OR</i> Cured Ham	Ham steak: YES NO
Shoulder roast: Y N BRT	Cut Size: ¼ or ½ or whole	Hocks/Shanks: YES NO
If yes, weight: _____	Loin roast: Y N BRT	If yes, Fresh <i>OR</i> Cured
Shoulder steak: YES NO	If yes, weight: _____	Loin chop: YES NO
Country style ribs: Y N	Spare ribs: YES NO	Ground Pork- <i>OR</i> - Breakfast
Cottage bacon: YES NO	Fresh side <i>OR</i> Bacon	<i>OR</i> -Hot Italian- <i>OR</i> -Chorizo
Baby Back Ribs: YES NO	Suet: YES NO	Chop Thick: ½" ¾" 1"
Other:	Fat Trim: N/A ¼ ½ ¾	Circle if yes: Heart Liver

ATTENTION:
FOR ½ HOG IT IS:
 1 SAUSAGE FLAVOR,
 SHOULDER RST OR STK
 OR COTTAGE BACON

FOR WHOLE HOG:
 UP TO 2 SAUSAGE
 FLAVORS

OFFICE USE ONLY BELOW THIS POINT

AMOUNT GIVEN	WT.	PKG	BOXED
BREAKFAST			
ITALIAN			
CHORIZO			
FRESH/STEW			

BELLY	TAG #	WEIGHT
FRESH	YES NO	1 OR 2
BACON		
BACON		
COTTAGE		
COTTAGE		

LEG 1 OR 2	TAG #	WEIGHT	HOCKS 2 OR 4
FRESH OR SMOKED			
WHOLE	HALF	QUARTERED	STEAK

BRT = BONED, ROLLED & TIED
ROAST WEIGHT = 3LB. MINIMUM
***BULK = 10 CHOPS/PACKAGE**

- DELIVER TO CASPER FRANK'S (\$75)
- PICK UP AT HUDSON FRANK'S (NO CHARGE)