PORK

UNGERMEATS
Ungers1903.ca
33014 Road 31E Mitchell, MB
204-326-3813

Name:

Phone #

Date:

Return customer YES / NO

1 **What size of roasts (Lbs)**	2 3 4 5 Other _____
2 **Steak thickness (Inch)**	1/2" 3/4" 1" 1-1/4" 1-1/2"
3 **Steaks per pack**	2 3 4 5 6
4 **Chops thickness (Inch)**	1/2" 3/4" 1" 1-1/4" 1-1/2"
5 **Chops per pack**	2 3 4 5 6
6 **Ground pkg size (Lbs)**	1 1.5 2 5 10 50
7 **Soup bones** YES or NO	

17 **Arrival date:** **Cut Date:**

Circle one: Inspected Uninspected

Circle one: Custom Retail

Circle one: Whole Side Boneless

18 **Dressed weight:** (LBS)

FRONT QUARTER

8 ***FRONT HOCK***

- ☐ RAW
- ☐ SMOKED

9 ***BUTT*** *(Shoulder) (Bone in)*

- ☐ ROASTS
- ☐ STEAKS
- ☐ 1/2 ROAST - 1/2 STEAK
- ☐ GROUND/SAUSAGE

10 ***PICNIC***

- ☐ ROASTS *(BONE IN)*
- ☐ SMOKED
- ☐ GROUND/SAUSAGE

11 ***RIBS***

- ☐ SIDE RIBS
- ☐ GROUND/SAUSAGE

12 ***BELLY***

- ☐ FRESH
- ☐ BACON - *CURED & SMOKED*
- ☐ GROUND/SAUSAGE

13 ***BACON** - If selected above*

- ☐ WHOLE SLAB
- ☐ CHUNKS
- ☐ SLICED Circle One: THIN - REG - THICK

HIND QUARTER

14 ***LOIN***

- ☐ CHOPS - *BONE IN*
- ☐ CHOPS - *BONELESS** ______ x Loin
- ☐ ROASTS - *BONE IN*
- ☐ ROASTS - *BONELESS**
- ☐ GROUND/SAUSAGE

*If Boneless loin, complete below

- ☐ BACK RIBS
- ☐ SMOKED LOIN (Circle one Below) ______ x Loin

Chops - Pork on Bun - Back Bacon

15 ***TENDERLOIN*** - *(CHECK ONE)*

- ☐ WHOLE - *RAW*
- ☐ WHOLE - *SMOKED (RTE)*
- ☐ GROUND/SAUSAGE

16 ***LEG***

- ☐ ROASTS
- ☐ STEAKS
- ☐ GROUND/SAUSAGE

OR

- ☐ WHOLE HAM ______ x Leg

Circle One: 3lb 4lb 5lb

- ☐ HAM - *BONELESS* ______ x Leg

Circle One: 3lb 4lb 5lb

- ☐ HAM STEAKS - *BONE IN*
- ☐ HAM STEAKS - *BONELESS*

SMOKED ID		INITIAL	DAY COMPLETED
# of HAMS	= LBS		
# of HOCKS	= LBS		
# of BELLYS	= LBS		
# of RTE	= LBS		
# of LOINS	= LBS		
# of PICNICS	= LBS		
# of OTHER	= LBS		

19 **SAUSAGE**

priority #	VARIETY		LBS	Price	Total $
	Farmer Sausage	20			
	Farmer Sausage Patties	20			
	Breakfast Sausage	15			
	Bratwurst - Raw or Fully Cooked	25			
				TOTAL:	

20 **# of Ground Pork Pkgs** _____

TRIM: ________ lbs

21 **Customer approval signature** (required for order to be filled)

22 **Initials**

Order taken by	**Packaging Initials**
Cutters initials	**Scanned Initials**

23 **Invoicing** - (Office use only)

Completion date:

Called date:

Dressed weight:	@	/Lb =	
Vacpac:	@	/Lb =	
Ready to Eat:	@	/Lb =	
Cure & Smoke:	@	/Lb =	
Trim added:	@	/Lb =	
Sausage:			
Butcher charge:			

Subtotal

GST

TOTAL

Payment: Cash / Cheque / Credit / Debit

Pick up date:

CUT & WRAP/ DOG BONES			CURED/ SMOKED			GROUND PORK			SAUSAGE		
# of Boxes →	Cart #	Initial	# of Boxes →	Cart #	Initial	# of Boxes →	Cart #	Initial	# of Boxes →	Cart #	Initial
→			→			→			→		
→			→			→			→		
→			→			→			→		
→			→			→			→		
→			→			→			→		
→			→			→			→		

Notes

Total Box Count

Boxes →	Cart	Initial
→		
→		
→		
→		
→		
→		
→		