

Hilltown Pork Inc.

(518) 781-4050 Fax (518) 781-4139 www.HilltownPork.com

Beef Cut Sheet: # of Animals _____

Name: _____ Farm/Label Name: _____

Address: _____

Ph: _____ Email: _____

Do You Want Farm Customized Labels? Yes _____ No _____ *if yes, make sure to include full address above, you want
Phone Number Included? Yes ___ No ___ (check for correct spelling)

Chuck: Bone-In Roasts ___ Boneless Roasts ___ Steaks ___

Rib: Boneless Steaks ___ Bone-In Steaks ___
Boneless Roasts ___ Bone-In Roast ___

Keep Separate?
By Animal or Side
Names on Boxes:

Loin: Bone-In Steaks (T-bone, Porterhouse, Sirloins) _____
Boneless Steaks (Filet Mignon, Strips) _____

beef over 30 month_ boneless steaks only

Top Round: Roasts ___ Steaks ___

Cubed Steaks: Yes ___ No ___

Eye Round: Roasts ___ Steaks ___

Stew: Yes ___ No ___

Bottom Round: Roasts ___ Steaks ___

Flank: Steak ___ Ground ___

Sirloin Tip: Roasts ___ Steaks ___

Short Ribs: Yes ___ No ___

Shanks: Soup Shanks ___ Ground ___

Bones: Yes ___ No ___

Brisket: Whole ___ Ground ___

Organs: Yes ___ No ___

Ground: 1lb. tubes ___ 2lb. tubes ___

Hanger Steak: Yes ___ No ___
(if applicable)

Clod: Flat Iron ___ Stew ___ Roast ___

Skirt Steak: Yes ___ No ___
(if applicable)

Approx. Size of Roasts: _____ Thickness of Steaks: _____

Special Requests:

In Plant Use:

Hanging Weights: _____

Ground Amounts: _____ Patties Amount: _____

Date Processed: _____ Over 30 months? _____

Date Ground: _____ Date Packaged: _____

Cut Weights: _____

To the best of my knowledge, I certify that the animals I have delivered to Hilltown Pork Inc are free of any drug residue.

Signed _____ Date: _____

Print Name _____ Farm Name: _____