

# Bradley Family Farm Custom Pork Cut Sheet

Processing Date:				
Name:				
Email:				
Phone Number:				
Special Message:	Ingredients for smoked products other than Hams _____ Traditional (Nitrites) _____ Premium (No Nitrites Added)			
<b>Hams:</b>	1st Ham	<input type="checkbox"/> Fresh <input type="checkbox"/> Smoked  <input type="checkbox"/> Sausage	<input type="checkbox"/> Whole <input type="checkbox"/> Cut in half <input type="checkbox"/> Ham Steak (Sliced 1/4" 1/2") other _____ IN	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless <input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
	2nd Ham	<input type="checkbox"/> Fresh <input type="checkbox"/> Smoked  <input type="checkbox"/> Sausage	<input type="checkbox"/> Whole <input type="checkbox"/> Cut in half <input type="checkbox"/> Ham Steak (Sliced 1/4" 1/2") other _____ IN	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless <input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
<b>Butts:</b>	1st Butt	<input type="checkbox"/> Roast  <input type="checkbox"/> Country Style Ribs <input type="checkbox"/> Sausage	<input type="checkbox"/> Whole <input type="checkbox"/> Cut 3-4 lb	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless <input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
	2nd Butt	<input type="checkbox"/> Roast  <input type="checkbox"/> Country Style Ribs <input type="checkbox"/> Sausage	<input type="checkbox"/> Whole <input type="checkbox"/> Cut 3-4 lb	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless <input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
<b>Picnics:</b>	1st Picnic	<input type="checkbox"/> Roast  <input type="checkbox"/> Sausage	<input type="checkbox"/> Whole <input type="checkbox"/> Cut 3-4 lb	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless <input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
	2nd Picnic	<input type="checkbox"/> Roast  <input type="checkbox"/> Sausage	<input type="checkbox"/> Whole <input type="checkbox"/> Cut 3-4 lb	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless <input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
<b>Tenderloin:</b>	<input type="checkbox"/> Yes Out <input type="checkbox"/> No			
<b>Loins:</b>	1st Loin	<input type="checkbox"/> Pork Chops  <input type="checkbox"/> Roast <input type="checkbox"/> Canadian Bacon <input type="checkbox"/> Sausage	Thickness: (1/2") (3/4") (1") (1 1/4") other _____ IN	<input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless

<b>Loins:</b>	2nd Loin <input type="checkbox"/> Pork Chops Thickness: (1/2") (3/4") (1") (1 1/4") other _____ IN <input type="checkbox"/> Bone-in <input type="checkbox"/> Boneless -OR- <input type="checkbox"/> Roast -OR- <input type="checkbox"/> Canadian Bacon -OR- <input type="checkbox"/> Sausage																						
<b>Ribs:</b>	-OR- <input type="checkbox"/> Spare Ribs <input type="checkbox"/> Whole slab <input type="checkbox"/> St. Louis Style Ribs <input type="checkbox"/> Cut in half  <input type="checkbox"/> Babyback Ribs <input type="checkbox"/> Whole slab <input type="checkbox"/> Cut in half																						
<b>Sides:</b>	-OR- <input type="checkbox"/> Whole Pork Belly <input type="checkbox"/> Smoked <input type="checkbox"/> Sliced <input type="checkbox"/> Fresh -OR- <input type="checkbox"/> Sausage																						
<b>Head:</b>	<input type="checkbox"/> Whole <input type="checkbox"/> Ears on <input type="checkbox"/> Ears off -OR- <input type="checkbox"/> Sausage																						
<b>Misc:</b>	Feet <input type="checkbox"/> Yes <input type="checkbox"/> No Neckbones <input type="checkbox"/> Yes <input type="checkbox"/> No Hocks <input type="checkbox"/> Yes <input type="checkbox"/> No Ears <input type="checkbox"/> Yes <input type="checkbox"/> No Tail <input type="checkbox"/> Yes <input type="checkbox"/> No ____ Fresh or ____ Smoked																						
<b>Organs:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
<b>Fatback:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Skin on <input type="checkbox"/> No <input type="checkbox"/> Skin off																						
<b>Sausage:</b>	<p style="text-align: center;"><b>If selecting multiple sausage types, number them by choice (1 being the first choice)</b></p> <p style="text-align: center;">25 lb minimum sausages</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Mild Country</td> <td><input type="checkbox"/> Bulk</td> </tr> <tr> <td><input type="checkbox"/> Hot Country</td> <td><input type="checkbox"/> 6" Links</td> </tr> <tr> <td><input type="checkbox"/> Maple Breakfast</td> <td><input type="checkbox"/> Pinky Links (Country and Maple only)</td> </tr> <tr> <td><input type="checkbox"/> Mild Italian</td> <td><input type="checkbox"/> Pinwheel</td> </tr> <tr> <td><input type="checkbox"/> Hot Italian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sweet Italian</td> <td></td> </tr> </table> <p style="text-align: center;">50 lb minimum sausages</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Bratwurst</td> <td><input type="checkbox"/> 6" Links</td> </tr> <tr> <td><input type="checkbox"/> Smoked Polish (Kielbasa)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Smoked Andouli</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Smoked Bell Pepper &amp; Onion</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Smoked Jalapeno</td> <td></td> </tr> </table>	<input type="checkbox"/> Mild Country	<input type="checkbox"/> Bulk	<input type="checkbox"/> Hot Country	<input type="checkbox"/> 6" Links	<input type="checkbox"/> Maple Breakfast	<input type="checkbox"/> Pinky Links (Country and Maple only)	<input type="checkbox"/> Mild Italian	<input type="checkbox"/> Pinwheel	<input type="checkbox"/> Hot Italian		<input type="checkbox"/> Sweet Italian		<input type="checkbox"/> Bratwurst	<input type="checkbox"/> 6" Links	<input type="checkbox"/> Smoked Polish (Kielbasa)		<input type="checkbox"/> Smoked Andouli		<input type="checkbox"/> Smoked Bell Pepper & Onion		<input type="checkbox"/> Smoked Jalapeno	
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