

# Bradley Family Farm Custom Pork Cut Sheet

Processing Date:				
Name:				
Email:				
Phone Number:				
<b>Hams:</b>	1st Ham <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked -OR- <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 -OR- <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 -OR- <input type="checkbox"/> Country Style Ribs -OR- <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 -OR- <input type="checkbox"/> Country Style Ribs -OR- <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 -OR- <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 -OR- <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 -OR- <input type="checkbox"/> Roast -OR- <input type="checkbox"/> Canadian Bacon -OR- <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>	<input type="checkbox"/> Spare Ribs <input type="checkbox"/> St. Louis Style Ribs	<input type="checkbox"/> Whole slab <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>	<input type="checkbox"/> Whole Pork Belly <input type="checkbox"/> Sliced <input type="checkbox"/> Sausage	<input type="checkbox"/> Smoked <input type="checkbox"/> Fresh
		<input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
<b>Head:</b>	<input type="checkbox"/> Whole <input type="checkbox"/> Jowl Bacon <input type="checkbox"/> Sausage	<input type="checkbox"/> Ears on <input type="checkbox"/> Ears off <input type="checkbox"/> Smoked <input type="checkbox"/> Fresh
<b>Misc:</b>	Feet <input type="checkbox"/> Yes <input type="checkbox"/> No Hocks <input type="checkbox"/> Yes <input type="checkbox"/> No Tail <input type="checkbox"/> Yes <input type="checkbox"/> No	Neckbones <input type="checkbox"/> Yes <input type="checkbox"/> No Ears <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"/> No	<input type="checkbox"/> Skin on <input type="checkbox"/> Skin off
<b>Sausage:</b>	<b>If selecting multiple sausage types, number them by choice (1 being the first choice)</b> 25 lb minimum sausages	
	<input type="checkbox"/> Chorizo <input type="checkbox"/> Ground Pork <input type="checkbox"/> Mild Country <input type="checkbox"/> Hot Country <input type="checkbox"/> Maple Breakfast <input type="checkbox"/> Mild Italian <input type="checkbox"/> Hot Italian <input type="checkbox"/> Sweet Italian	<input type="checkbox"/> Bulk <input type="checkbox"/> 6" Links <input type="checkbox"/> Pinky Links (Country and Maple only) <input type="checkbox"/> Pinwheel
	50 lb minimum sausages	
	<input type="checkbox"/> Bratwurst <input type="checkbox"/> Smoked Polish (Kielbasa) <input type="checkbox"/> Smoked Andouli <input type="checkbox"/> Smoked Bell Pepper & Onion <input type="checkbox"/> Smoked Jalapeno	<input type="checkbox"/> 6" Links