



Pig Cutting Order

Name: _____

Date: _____

Phone: _____

Address: _____

Email: _____

Whole: _____ Half: _____

Paper Wrapped: _____ Vacuum Sealed: _____

Divide: _____ Ways

Please check your Preference in each group (only one)

<ul style="list-style-type: none">• Pork Chops: -Thickness: ___ 1/2" ___ 3/4" ___ 1" ___ 1 1/4" How many Chops per package: _____ • Sausage: ___ Yes ___ No ___ Mild ___ Hot ___ ___ Country ___ Spicy Country ___ Chorizo ___ Maple Breakfast • Loin: ___ Chops ___ Roast ___ Sausage • Shoulder: ___ Steaks ___ Roast ___ Sausage ___ Chili Verde • Ham: ___ Fresh ___ Smoked ___ Roast ___ Steaks ___ 1/2 & 1/2 • Bacon: ___ Smoked ___ Fresh Side • Lard: ___ Yes ___ No • Head: ___ Yes ___ No • Neck bone: ___ Yes ___ No	<p>Other Special Request:</p>
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