

## HOG CUT SHEET

**BLOOD FARM**  
Tel: (978) 448-6669

**West Groton, MA**  
Fax: (978) 448-2491

Name: \_\_\_\_\_ Incoming Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Whole Half Wt.

### Smoked Meat

**Bacon:** (1 lb. package unless specified)

		Sliced		Thickness	
smoked	<input type="checkbox"/>	Yes	No	Reg. Thicker Thinner	
Fresh	<input type="checkbox"/>	Yes	No	Reg. Thicker Thinner	

**Ham:** (hind legs)

smoked	<input type="checkbox"/>	whole	half	center steaks	_____ inches
Fresh	<input type="checkbox"/>	whole	half	center steaks	_____ inches

**Shoulder:** (front legs)

smoked	<input type="checkbox"/>	whole	half	steaks	_____ inches
Fresh	<input type="checkbox"/>	whole	half	steaks	_____ inches

### Loin

**Chine:** (end that butts the ham) **choose (X) one**

roast	<input type="checkbox"/>	_____ lbs.			
chops	<input type="checkbox"/>	_____ inches			_____ /package

**Shoulder:** (end that butts the shoulder) **choose (X) one**

roast	<input type="checkbox"/>	_____ lbs.			
country style ribs	<input type="checkbox"/>				_____ /package

**Center:** (pork chops)

\_\_\_\_\_ inches \_\_\_\_\_ /package

**Tenderloin:** circle if leaving **WHOLE** (chops will be smaller)

**Sausage:**

Breakfast	<input type="checkbox"/>	Spareribs	Yes	No
Sweet Italian	<input type="checkbox"/>	Head	Yes	No
Hot Italian	<input type="checkbox"/>	Feet	Yes	No
Ground Pork	<input type="checkbox"/>	Hocks	Yes	No

Circle If Saving

Liver	Heart	Kidney
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Fat Back	Yes	No
Leaf Lard	Yes	No

No. of Baskets: \_\_\_\_\_