



139 Center Road Eagle Bridge, NY 12057

Phone: (518) 677-2702 Fax:(518) 677-2307 E-Mail: eaglebridgecustommeat@yahoo.com

Hours: Monday - Friday, 7 - 3:30 pm ...call to schedule drop off and pick up times

Pig Instruction Sheet

**Farm Name on Labels: \_\_\_\_\_ yes \_\_\_\_\_ no**

**If farm name requested, please list below**

		Tag # : _____
Date: _____		Hanging Weight: _____
Customer Name _____		Whole _____ Half (Check one)
Farm Name: _____		Heart , Liver , Tongue: YES or NO
Street Address: _____		Leaf Lard: YES OR NO
City: _____		
Phone: _____		
<b>Sausage</b>		<b>Smoked Products - \$1.25 per pound</b>
<p>Note: If you would like more than one flavor of sausage, please consider grinding the front shoulders. If you are getting 1/2 of a pig please choose ONLY 1 flavor of sausage. Minimum order size for bulk sausage is 10 lbs. If less 10 lbs of meat is available we will make ground pork. QUESTIONS PLEASE ASK. We'd prefer no surprises! THANKS!</p>		<b>NO NITRATE SMOKING = \$ 1.75 per pound</b>
Minimum = 10 lbs. Per flavor, Minimum Link Order = 25 lbs.		<b>HAMS</b>
Links _____ OR Bulk _____		<b>PLEASE CHOOSE EITHER REGULAR OR NO NITRATE (CAN ONLY CHOOSE ONE OPTION!)</b>
<b>Indicate Sausage Choice Preference (1, 2, 3)</b>		REGULAR _____ OR NO NITRATE _____
Sweet Italian		<b>HAM #1: FRESH OR SMOKED</b>
Hot Italian		Whole _____ Split _____ Center Cut _____
Breakfast		Ham Steaks: YES OR NO THICKNESS _____
Ground Pork		IF CENTER CUT: Aprox. Weight: _____
<b>Specialty Sausage Flavors Available</b>		<b>HAM # 2: FRESH OR SMOKED</b>
Maple Breakfast		Whole _____ Split _____ Center Cut _____
Andouille		Ham Steaks: YES OR NO THICKNESS _____
Chorizo (25lb min for links and bulk)		IF CENTER CUT: Aprox. Weight: _____
<b>Front Shoulders</b>		<b>BACON</b>
Picnic ham (Fresh ONLY)		<b>PLEASE CHOOSE EITHER REGULAR OR NO NITRATE (CAN ONLY CHOOSE ONE OPTION!)</b>
ROAST _____ WT. OR CHOPS _____ THICKNESS		REGULAR _____ OR NO NITRATE _____
Grind All _____		FRESH (Available in SLAB ONLY) _____
Boston Butt		SMOKED _____ CIRCLE ONE = SLICED OR SLAB
ROAST _____ WT.		<b>INDICATE THICKNESS</b>
SHOULDER STEAKS _____ THICKNESS _____		THIN _____ MEDIUM _____ THICK _____
Grind All _____		<b>HOCKS</b>
<b>Loin and Ribs</b>		FRESH _____ OR SMOKED _____
Chops _____ thickness _____		<b>NOTES:</b>
Loin roast _____ wt. (rib roast)		
Country Style Ribs yes or no (circle)		
<b>SIRLOIN</b>		
PLEASE CIRCLE: FRESH OR SMOKED		
Sirloin Roast _____ WT.		
Chops _____ THICKNESS		