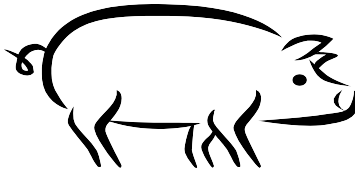


STRATTON'S CUSTOM MEATS
& SMOKEHOUSE, LLC
(518)-686-8299



PORK PROCESSING

DATE: _____

NAME: _____ HALF OR WHOLE (circle one)

TELEPHONE: _____

HAMS:

- ☐ Smoked
- ☐ Fresh
- ☐ Ham Steak – Thickness _____
- ☐ Roast Size _____ Number of Roasts _____

BACON:

Smoked

Fresh

Whole or Sliced

SHOULDERS:

Smoked or Fresh

- ☐ Cut into Roasts Size _____
- ☐ Cut in to all Chops
- ☐ Cut int to Roasts and Chops
- ☐ Grind for Sausage

LOINS:

- | | | | |
|----------|--------------------------------|---------------------------------|--|
| Rib End | <input type="checkbox"/> Chops | <input type="checkbox"/> Roasts | <input type="checkbox"/> Country Style Spareribs |
| Center | <input type="checkbox"/> Chops | <input type="checkbox"/> Roasts | |
| Loin End | <input type="checkbox"/> Chops | <input type="checkbox"/> Roasts | |
- Chops: Thickness _____ # of Chops per Package _____
- Weight of Roasts _____

HOCKS:

- ☐ Whole & Fresh OR ☐ Whole & Smoked
- ☐ Boned for Sausage

SAUSAGE: (Note there is a 5lb minimum per item choice)

Preference (1-4)

- ☐ Sweet Italian _____
- ☐ Regular Breakfast _____
- ☐ Hot Italian _____
- ☐ Fresh Ground _____

KIDNEYS: YES NO

LEAF LARD: YES NO