

Name: _____ Farm Name: _____

Phone Number: _____

Please place a check mark next to the items you want

Heart _____ Liver _____ Tongue _____ Kidney _____

Anything Left blank goes to grind.

	Bone in	Boneless	Chops/Steaks (How thick) Kabobs/Stew		Roast/ Lbs. Each	Grind	Chops/ Lbs per Package
Neck							
Shoulder							
Shanks			Yes	No			
Rib							
Riblets			Yes	No			
Loin							
Legs							

Grind per Package: _____

Please Circle your choices:

Mild Breakfast / Sweet Italian / Hot Italian/ Chorizo / Fresh Kielbasa / Andouille / Swiss Bratwurst

Maple Breakfast

Teeny Tiny Spice Company Organic Seasonings Available please ask for flavors.

Do you want your sausage in: Little Links (Collagen) _____ Links _____ Patties _____ Bags _____

Any Additional Information:
