

Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

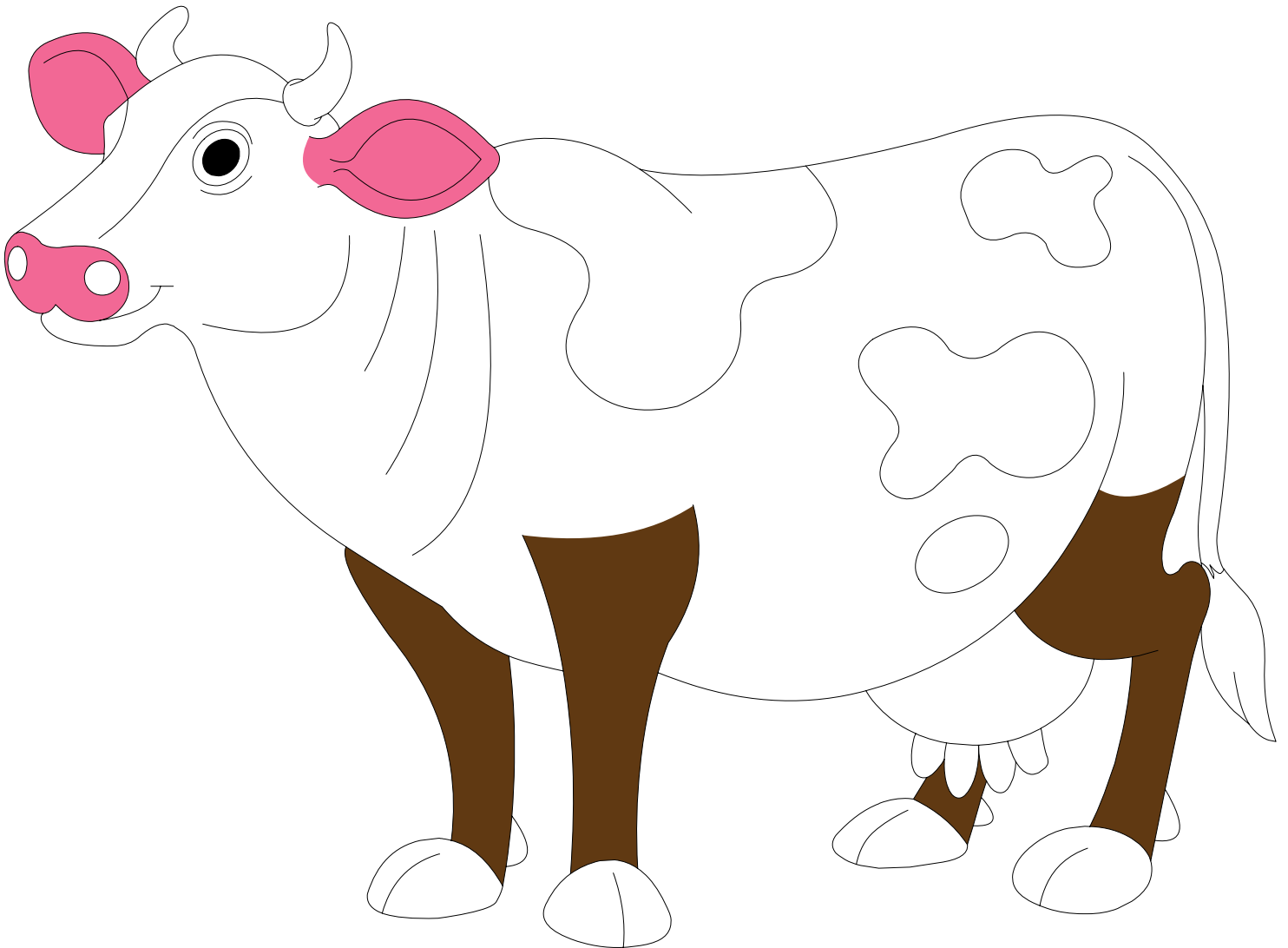
Color the picture.

1. Ear - Pink

2. Eye - Black

3. Nose - Pink

4. Legs - Brown



C O W