

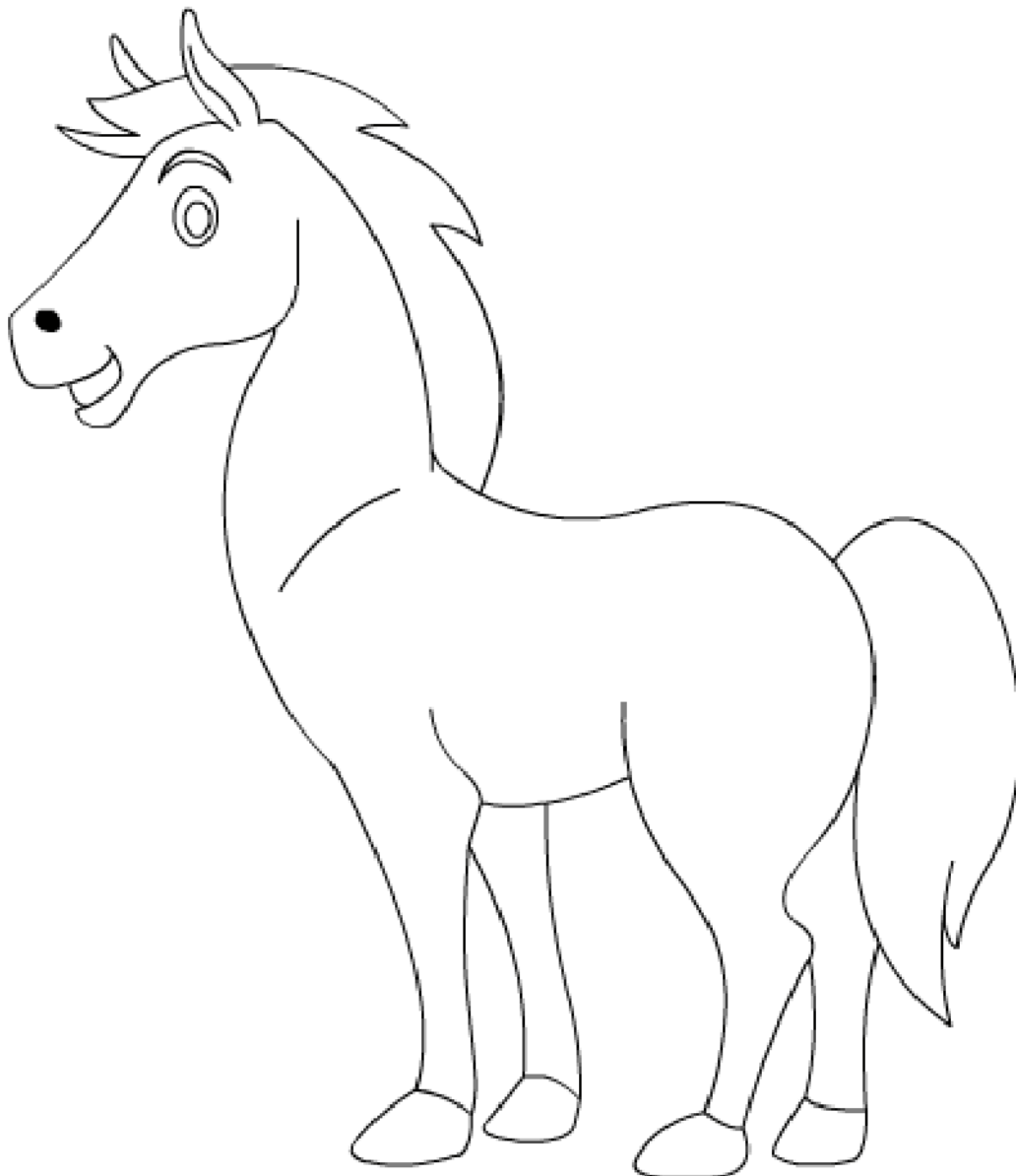
Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Color the picture.

1. Eye - Black
2. Ear - Pink
3. Legs - Gray
4. Tail - Brown



H O R S E