

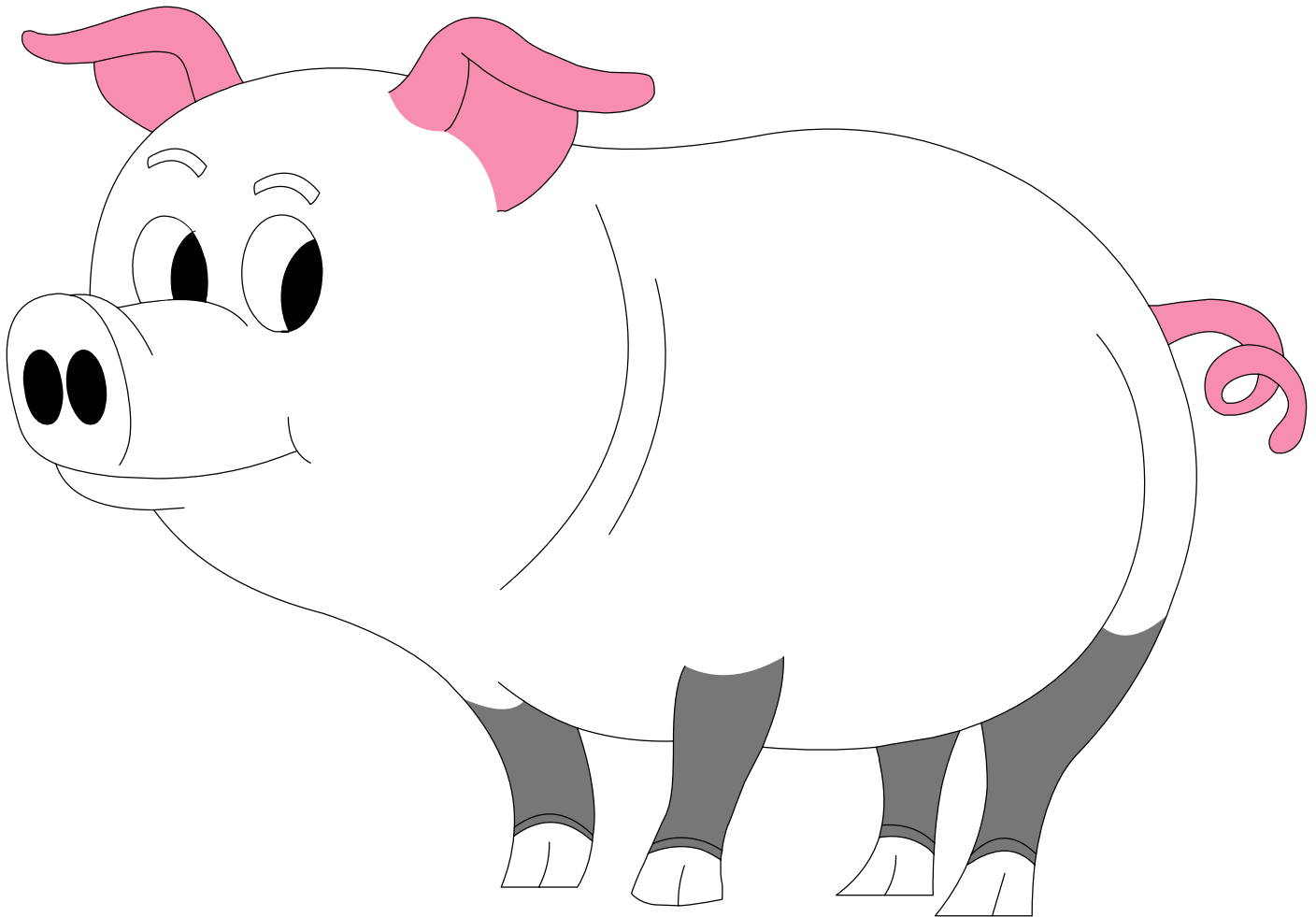
Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Color the picture.

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



P I G