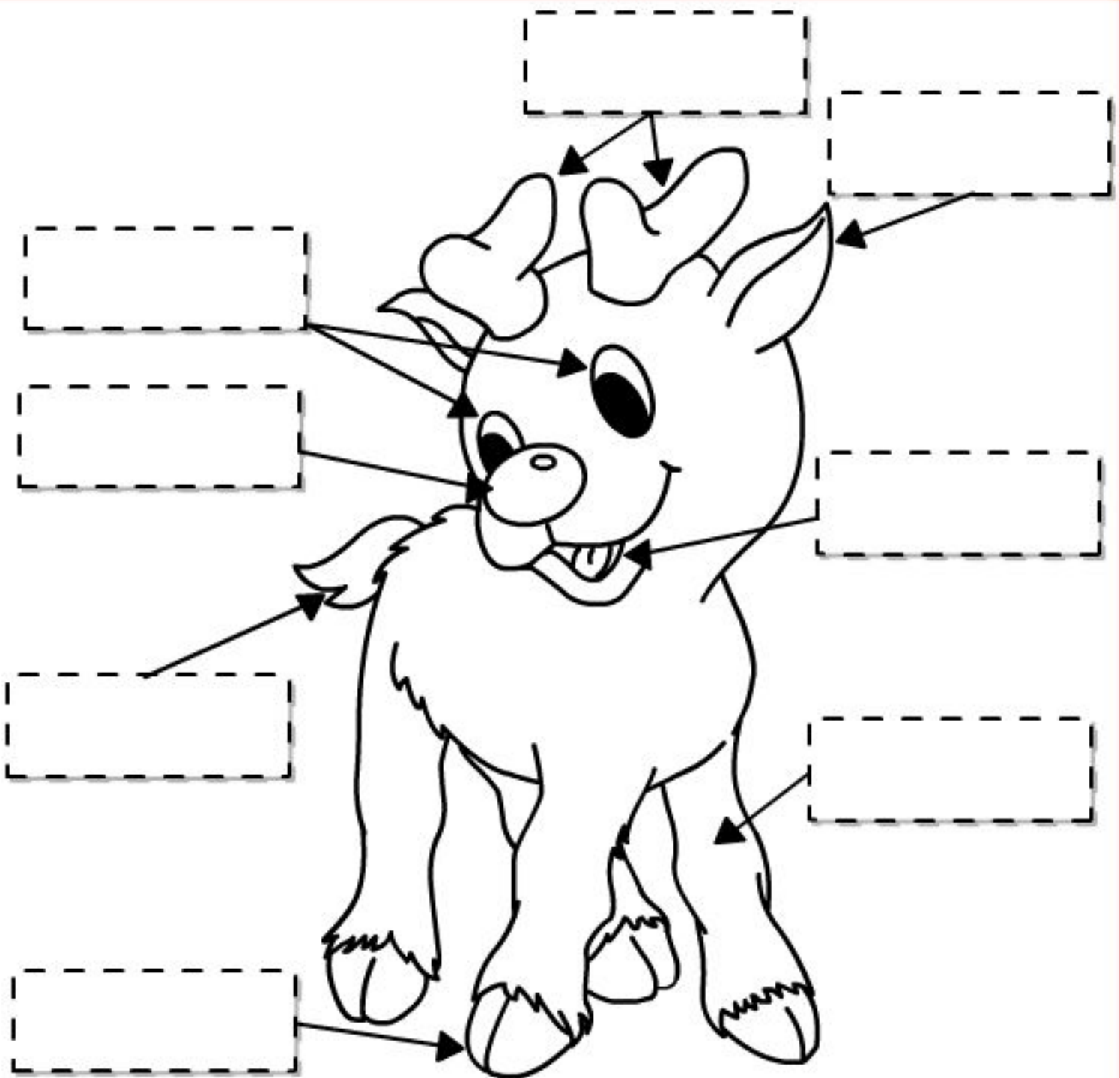


Name: _____

Time: ____ : ____ - ____ : ____ Date: _____



Hoof	Mouth	Leg	Antlers
Tail	Eyes	Nose	Ear