

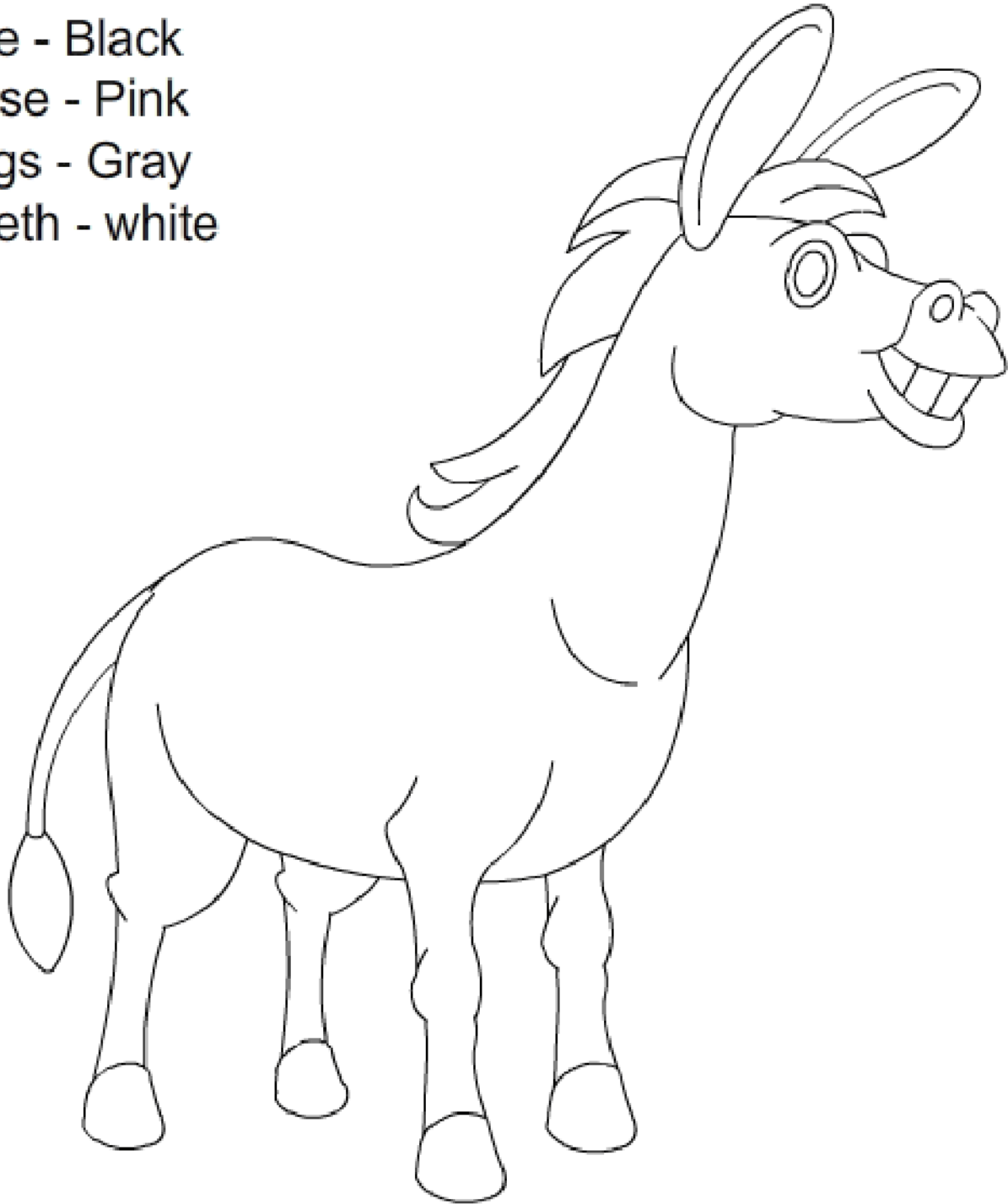
Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Color the picture.

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



D O N K E Y