ANIMAL

Animal_ID	Name	Gender	Habitat	Genus	Species	General_Name

MEDICAL_HISTORY

Animal_id	Diagnosis	Diagnosis_Date	Cured_Date

EXHIBIT

Exhibit_No	Name	Capacity	Theme	Location	Size	Security_level	Manager_ID

SUPPLIER

Company_Name	Email

SUPPLIER_PHONE

Company_name	Phone_number

SUPPLIES

Company_Name	Exhibit_No	Type	Quantity

FOOD

Type

EQUIPMENT

Equipment_number

PROVIDES

Company_Name	Clinic_No	Equipment_No	Quantity

CLINIC

Clinic_No	Location	Capacity	Operating_Hours	Event_Type	Event_Date	Manager_ID

STAFF

Ssn	Id	Fname	Mname	Lname	Address	Email	Salary	Gender	Role	Joining_date	Birth_date

VISITOR

Ticket_Number	Ticket_type	Gender	Age	Phone_number	Visit_date

	Status	Diet_type	Date_of_Birth	Family_Tree	Exhibit_No

	Shop_No	Working_hours	Manager_Id	Clinic_No	Exhibit_no

SHOP

Shop_name	Shop_number	Location	Product_Category	Manager_id

SPONSOR

Name	Sponsor_Id	Email	Start_Date	End_Date	Shop_number

DONATION

Vistor_Ticket	Location	Date	Amount

TRANSACTS

Ticket_no	Shop_number	Transaction_No	Transaction_Value

SPONSOR_AREA_AQUIRED

Area_Aquired	Sponsor_id

SPONSOR_PHONE

Sponsor_id	Phone_number

Staff Phone

Staff_Id	Phone_number