Student Name: Harpreet Singh  
Student Number: 041127993

**Scenario 1 (Veterinary Hospital)**:  
  
**CLIENT**:

         Identifier(s) – Client 1

         Attribute(s) – Name, Phone number, Address

**PET**:

         Identifier(s) – Pet xx

         Attribute(s) – Owner Name, Pets Name, Species, Breed, Sex, Neutering Status

**DOCTORS/TECHNICIANS**

Identifier(s) – XX Doctor/Technicians

         Attribute(s) – Employee Number, Name

**VISITS:**

Identifier(s) – VISITS XX

         Attribute(s) – Date and Reason for Visit