| Unnormalized                 | First Normal Form            | Second Normal Form           |
|------------------------------|------------------------------|------------------------------|
| Animal_record_form           | Owner                        | Owner                        |
| Owner_Name                   | Owner_ID                     | Owner_ID                     |
| Contact_Number               | first_name                   | first_name                   |
| Pet_info                     | Last_name                    | Last_name                    |
| Pet_name                     | Middle_name                  | Middle_name                  |
| Pet_birthday                 | Contact_Number               | Contact_Number               |
| Pet_breed                    | Pet                          | Pet                          |
| Pet_gender                   | Pet_ID                       | Pet_ID                       |
| pet_color/markings           | Pet_name                     | Name                         |
| Pet_Neutered/Spayed          | Pet_birthday                 | Birthday                     |
| Visit_history                | Pet_breed_ID                 | Breed_ID                     |
| Date                         | Pet_breed_description        | Breed_description            |
| Weight                       | Pet_gender                   | Gender                       |
| Temp                         | pet_color/markings           | Color/Markings               |
| BP                           | Pet_Neutered/Spayed          | Neutered/Spayed              |
| Pulse                        | Visit                        | Visit                        |
| Respiration                  | Visit_ID                     | Visit_ID                     |
| Pain                         | Pet_ID                       | Pet_ID                       |
| Vet_initials                 | Date                         | Date                         |
| immunization/vaccine_history | Weight                       | Weight                       |
| im_date                      | Temp                         | Temp                         |
| im_type                      | BP                           | BP                           |
| im_next_due                  | Pulse                        | Pulse                        |
| im_details                   | Respiration                  | Respiration                  |
| conditions/allergies         | Pain                         | Pain                         |
| condition_name               | Vet_initials                 | Vet_initials                 |
| details/notes                | Immunization/vaccine_history | Immunization/vaccine_history |
| surgical_history             | immunization_type            | immunization_type            |
| date                         | immunization_date            | immunization_date            |
| procedure                    | immunization_next_due        | immunization_next_due        |
| details/notes                | immunization_details         | immunization_details         |
| patient_info_form            | Conditions/allergies         | Conditions/allergies         |
| pet_name                     | condition_name               | condition_name               |

Pet\_birthday
Pet\_breed
Pet\_gender

pet\_color/markings
Pet\_Neutered/Spayed
vaccination/medical history

DHPP Lepto Bordetella rabies Lyme

Giardia

Fecal\_exam Heartworm test

Other description additional\_info

heartworm\_prevention

Kind\_of\_heartworm\_prevention

 $time\_spent\_outside$ 

per\_diet

allow\_medical\_procedures

signature date\_signed

details/notes

Surgical\_history

surgery\_name

Date procedure details/notes

Vaccination/medical\_history

vaccine\_name

DHPP
Lepto
Bordetella
rabies
Lyme
Giardia
Fecal\_exam
Heartworm\_test

Other

 ${\it additional\_info}$ 

im\_date
im\_type
im\_next\_due
im\_details

heartworm prevention

Kind\_of\_heartworm\_prevention

time\_spent\_outside

pet\_diet

allow\_medical\_procedures

signature date\_signed details/notes

Surgical\_history

surgery\_name

date procedure details/notes

Vaccination/medical history

vaccine\_name vaccine\_date

DHPP
Lepto
Bordetella
rabies
Lyme
Giardia
Fecal\_exam
Heartworm\_test

Other

additional\_info im\_next\_due im\_details

heartworm\_prevention

 ${\sf Kind\_of\_heartworm\_prevention}$ 

 $time\_spent\_outside$ 

pet\_diet

 $allow\_medical\_procedures$ 

signature date\_signed

#### **Third Normal Form**

# Owner Owner\_ID first\_name Last\_name Middle\_name Contact\_Number Pet Pet\_ID Owner\_ID Name Birthday Breed\_ID Breed\_description Gender Color/Markings Neutered/Spayed Visit Visit\_number Pet\_ID Date Weight Temp ВР Pulse Respiration Pain Vet\_initials Immunization/vaccine\_history immunization\_type Pet\_ID immunization\_date immunization\_next\_due immunization\_details

## Conditions/allergies

condition/allergy\_name

Pet\_ID

details/notes

## Surgical\_history

procedure

Pet\_ID

date

details/notes

## Vaccination\_history

vaccine\_type

Pet\_ID

vaccine\_date

vaccination\_next\_due

vaccination\_details

## Medical\_history

Pet\_ID

heartworm\_prevention

Kind\_of\_heartworm\_prevention

 $time\_spent\_outside$ 

pet\_diet

# allow\_medical\_procedures

Owner\_ID

Pet\_ID

signature

date\_signed