

### Unnormalized

Animal\_record\_form  
Owner\_Name  
Contact\_Number  
Pet\_info  
Pet\_name  
Pet\_birthday  
Pet\_breed  
Pet\_gender  
pet\_color/markings  
Pet\_Neutered/Spayed  
Visit\_history  
Date  
Weight  
Temp  
BP  
Pulse  
Respiration  
Pain  
Vet\_initials  
immunization/vaccine\_history  
im\_date  
im\_type  
im\_next\_due  
im\_details  
conditions/allergies  
condition\_name  
details/notes  
surgical\_history  
date  
procedure  
details/notes  
patient\_info\_form  
pet\_name

### First Normal Form

**Owner**  
Owner\_ID  
first\_name  
Last\_name  
Middle\_name  
Contact\_Number

**Pet**  
Pet\_ID  
Pet\_name  
Pet\_birthday  
Pet\_breed\_ID  
Pet\_breed\_description  
Pet\_gender  
pet\_color/markings  
Pet\_Neutered/Spayed

**Visit**  
Visit\_ID  
Pet\_ID  
Date  
Weight  
Temp  
BP  
Pulse  
Respiration  
Pain  
Vet\_initials

**Immunization/vaccine\_history**  
immunization\_type  
immunization\_date  
immunization\_next\_due  
immunization\_details

**Conditions/allergies**  
condition\_name

### Second Normal Form

**Owner**  
Owner\_ID  
first\_name  
Last\_name  
Middle\_name  
Contact\_Number

**Pet**  
Pet\_ID  
Name  
Birthday  
Breed\_ID  
Breed\_description  
Gender  
Color/Markings  
Neutered/Spayed

**Visit**  
Visit\_ID  
Pet\_ID  
Date  
Weight  
Temp  
BP  
Pulse  
Respiration  
Pain  
Vet\_initials

**Immunization/vaccine\_history**  
immunization\_type  
immunization\_date  
immunization\_next\_due  
immunization\_details

**Conditions/allergies**  
condition\_name

Pet\_birthday  
Pet\_breed  
Pet\_gender  
pet\_color/markings  
Pet\_Neuterred/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  
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  
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

BP

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