| Dominick Bello<br>CSC423  |
|---|
| Project 1 – Part 1  |
| <ol> <li>Main Entity Types:         ClinicNO         Pet         Owner         Examination</li> </ol> |
| 2. One to many  |
| 3. One to one   |
| 4.  |
| Clinic:   |
| clinicName  |
| clinicAddress   |
| clinicTelephone   |
| Staff:  |
| staffAdress   |
| telephoneNO   |
| dobposition   |
| salary  |
| Owner:Name  |
| Address   |

telephoneNO

| CSC423  |
|---|
|   |
| Pet:  |
| Name  |
| Dob   |
| Species   |
| Breed   |
| Color   |
|   |
| Examination:  |
| cheifComplaint  |
| description   |
| action  |
| examNO  |
|   |
| 5.  |
| Clinic:ClinicID                                       |
| Staff:staffNO   |
| Owner: OwnerNO  |
| Pet: PetNO  |
| Examination: ExamNO                                   |
|   |
| Clinic:ClinicID,clinicTeleophone, clinicName, address |
| Staff: staffNO, telephoneNO, address                  |
| Owner: OwnerNO, ownerTelephone, address               |
| Pet: PetNO  |
| Examination: ExamNO                                   |

Dominick Bello

6.

