Fundamentos de Sistemas Web

Fase2

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Curso	Curso Superior de Tecnologia em Análise e desenvolvimento de sistemas: Full-Stack e Mobile

```html
<!DOCTYPE html>
<html lang="pt-br">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <style>
        body, h1, h2, p, ul, li, form, fieldset, legend, input, select {
            margin: 0;
            padding: 0;
        }

        body {
            font-family: 'Arial', sans-serif;
        }

        div {
            background-color: #f5f5f5;
            margin: 20px;
            padding: 20px;
            border-radius: 8px;
            box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
        }

        form {
            max-width: 600px;
            margin: 0 auto;
        }

        fieldset {
            border: 1px solid #ccc;
            border-radius: 6px;
            padding: 15px;
            margin-bottom: 20px;
        }

        legend {
```

```css
        font-size: 18px;
        font-weight: bold;
    }

    label {
        display: block;
        margin-bottom: 5px;
        font-weight: bold;
    }

    input[type="text"],
    input[type="tel"],
    input[type="submit"],
    select {
        width: 100%;
        padding: 8px;
        margin-bottom: 10px;
        box-sizing: border-box;
        border: 1px solid #ccc;
        border-radius: 4px;
    }

    input[type="submit"] {
        background-color: #4caf50;
        color: white;
        cursor: pointer;
    }

    input[type="submit"]:hover {
        background-color: #45a049;
    }
    input[type="radio"] {
        margin-right: 5px;
    }
    select {
        appearance: none;
        -webkit-appearance: none;
        -moz-appearance: none;
        background:
url('https://cdn2.iconfinder.com/data/icons/essential-web-1-2/48/33-
512.png') no-repeat right center;
        background-size: 20px;
    }
    input:invalid {
        border-color: #ff8080;
    }

    input:valid {
```

```
            border-color: #ccc;
        }
    </style>

    <title>Ficha Cadastral</title>
</head>
<body>
    <div>
        <form action="https://formsubmit.co/p.ghizi@gmail.com"
method="POST">
            <fieldset>
                <legend>Dados Pessoais</legend>
                <label>Primeiro Nome:</label>
                <input type="text" name="primeiroNome"
placeholder="Primeiro nome" class="class_input_name">
                <br><br>
                <label>Sobrenome:</label>
                <input type="text" name="sobrenome"
placeholder="Sobrenome" class="class_input_name">
                <br><br>
                <label>CPF:</label>
                <input type="text" name="CPF" placeholder="Digite o seu
CPF" pattern="\d{3}\.\d{3}\.\d{3}-\d{2}" required>
                <label>Data de Nascimento:</label>
                <input type="text" name="Nascimento"
placeholder="DDMMAAAA" pattern="[0-9]{8}" required>
                <label>Telefone:</label>
                <input type="tel" name="fone" placeholder="DDDxxxxxxxxx"
pattern="[0-9]{11}" required>
                <br><br>
                <label>Genero:</label>
                <br>
                <label>Masculino</label>
                <input type="radio" name="sexo" value="masculino">
                <label>Feminino</label>
                <input type="radio" name="sexo" value="feminino">
                <br><br>
                <label>Estado Civil:</label>
                <select name="EstadoCivil">
                    <option value="solteiro">Solteiro(a)</option>
                    <option value="casado">Casado(a)</option>
                    <option value="divorciado">Divorciado(a)</option>
                    <option value="viuvo">Viuvo(a)</option>
                    <option value="uniao estavel">Uniao
Estavel(a)</option>
                    <option value="outro">Outros</option>
                </select>
                <label>Renda Mensal (opcional):</label>
```

```html
                    <input type="text" name="rendamensal" placeholder="Digite
a sua renda">
            </fieldset>
            <br>
            <fieldset>
                <legend>Endereco</legend>
                <label>Endereco:</label>
                <input type="text" name="endereco" placeholder="Endereco"
required>
                <br><br>
                <label>Numero:</label>
                <input type="text" name="numero" placeholder="Numero"
required>
                <label>Complemento</label>
                <input type="text" name="complemento" placeholder="Apto,
Bloco, Predio">
                <br><br>
                <label>CEP:</label>
                <input type="text" name="cep" placeholder="Digite o seu
CEP">
                <br>
                <br>
                <label>Estado:</label>
                <select name="estado">
                    <option value="AC">Acre</option>
                    <option value="AL">Alagoas</option>
                    <option value="AP">Amapa</option>
                    <option value="AM">Amazonas</option>
                    <option value="BA">Bahia</option>
                    <option value="DF">Distrito Federal</option>
                    <option value="GO">Goias</option>
                    <option value="MA">Maranhao</option>
                    <option value="MT">Mato Grosso</option>
                    <option value="MS">Mato Grosso do Sul</option>
                    <option value="MG">Minas Gerais</option>
                    <option value="PA">Para</option>
                    <option value="PB">Paraiba</option>
                    <option value="PR">Parana</option>
                    <option value="PE">Pernambuco</option>
                    <option value="PI">Piaui</option>
                    <option value="RR">Roraima</option>
                    <option value="RO">Rondonia</option>
                    <option value="RJ">Rio de Janeiro</option>
                    <option value="RN">Rio Grande do Norte</option>
                    <option value="RS">Rio Grande do Sul</option>
                    <option value="SC">Santa Catarina</option>
                    <option value="SP">Sao Paulo</option>
                    <option value="SE">Sergipe</option>
```

```html
                <option value="TP">Tocantins</option>
            </select>
            <label>Cidade:</label>
            <input type="text" name="cidade" placeholder="Informe a
sua cidade" required>
        </fieldset>
        <br>
        <fieldset>
            <legend>Dados do seu Pet</legend>
            <label>Nome do pet:</label>
            <input  type="text" name="nomePet" placeholder="Nome do
pet" required>
            <br><br>
            <label>Raça:</label>
            <input  type="text" name="racaPet" placeholder="Informe a
raça" required>
            <br><br>
            <label>Data de Nascimento:</label>
            <input type="text" name="nascimentoPet"
placeholder="DDMMAAAA" pattern="[0-9]{8}" maxlength="8" required>
            <br><br>
            <label>Sexo</label>
            <br>
            <label>Masculino</label>
            <input type="radio" name="sexoPet" value="masculino">
            <label>Feminino</label>
            <input type="radio" name="sexoPet" value="feminino">
        </fieldset>
        <br><br>
        <div style="text-align: left;">
            <label>Envio dos dados cadastrais</label>
            <input class="class_botao_enviar" type="submit" />
        </div>
        <br><br>
    </div>
</body>
</html>
```