

ASSIGNMENT 1

Part 2:

ProgrammingAssignmentPart2Enums.java

```
import javax.servlet.http.HttpServlet;
import javax.servlet.http.HttpServletRequest;
import javax.servlet.http.HttpServletResponse;
import java.io.PrintWriter;
import java.io.IOException;
import java.util.Enumeration;
import java.io.*;

public class ProgrammingAssignmentPart2Enums extends HttpServlet
{
    public void doGet(HttpServletRequest req, HttpServletResponse resp) throws IOException
    {
        resp.setContentType("text/html");
        PrintWriter out = resp.getWriter();
        int counter = 0;
        out.println("<HTML>");
        out.println("<HEAD><TITLE>Request Parameters</TITLE></HEAD>");
        out.println("<BODY>");
        out.println("<H3><B>Header Names</B></H3>");
        out.println("<TABLE BORDER='1'>");
        out.println("<TH>Header Names(Response of getHeaderNames)</TH>");
        out.println("<TH>Speified Request Header(Response of getHeaders)</TH>");
        Enumeration getHeaderNamesEnum = req.getHeaderNames();
        Enumeration getHeaderNames = req.getHeaderNames();
```

```

while(getHeaderNamesEnum.hasMoreElements()){
    String headerName = (String)getHeaderNamesEnum.nextElement();
    out.println("<TR><TD>" + headerName + "</TD>");
    //out.println("<TR><TD>" + headerName + "</TD>");
    Enumeration getHeadersEnum = req.getHeaders(headerName);
    while(getHeadersEnum.hasMoreElements()){
        String header = (String)getHeadersEnum.nextElement();
        out.println("<TD>" + header + "</TD>");
    }
    out.println("</TR>");
}

out.println("</TABLE>");
out.println("</BODY></HTML>");
out.close();
}
}

```

Web.xml

```

<web-app>
    <servlet>
        <servlet-name>Request</servlet-name>
        <servlet-class>ProgrammingAssignmentPart2Enums</servlet-class>
    </servlet>

    <servlet-mapping>
        <servlet-name>Request</servlet-name>
        <url-pattern>/ProgrammingAssignmentPart2Enums.html</url-pattern>
    </servlet-mapping>

```

</web-app>

Part 3:

HealthCareFormJavaCode.java

```
import javax.servlet.http.HttpServlet;
import javax.servlet.http.HttpServletRequest;
import javax.servlet.http.HttpServletResponse;
import java.io.PrintWriter;
import java.io.IOException;
import java.util.Enumeration;
import javax.servlet.ServletException;
import javax.servlet.http.Cookie;
import java.util.Date;

public class HealthCareFormJavaCode extends HttpServlet
{
    public void doGet(HttpServletRequest req, HttpServletResponse res) throws
ServletException,IOException
    {
        res.setContentType("text/html");
        PrintWriter out = res.getWriter();

        String firstName=req.getParameter("firstName");
        String address=req.getParameter("address");
        String cityStateZip=req.getParameter("cityStateZip");
        String phone=req.getParameter("phone");
        String email=req.getParameter("email");
```

```
String accountNumber=req.getParameter("accountNumber");
String petName=req.getParameter("petName");
String breed=req.getParameter("breed");
String age=req.getParameter("age");
String gender=req.getParameter("gender");
String StoryOfOccurrence=req.getParameter("StoryOfOccurrence");
String ClaimRelatedTo=req.getParameter("ClaimRelatedTo");
String FutureTreatment=req.getParameter("FutureTreatment");
String totalAmountClaimed=req.getParameter("totalAmountClaimed");
String injuryFirstOccured=req.getParameter("injuryFirstOccured");
String PaymentTo=req.getParameter("PaymentTo");
String veterinarian=req.getParameter("veterinarian");
String clinicName=req.getParameter("clinicName");
String phoneClinic=req.getParameter("phoneClinic");
String fax=req.getParameter("fax");
String OtherVet=req.getParameter("OtherVet");
String NewCondition=req.getParameter("NewCondition");
String signature=req.getParameter("signature");
String dateOfSubmission=req.getParameter("datepicker");

out.println("<HTML>");
out.println("<HEAD><TITLE>Health Care Form Details</TITLE></HEAD>");
out.println("<BODY><FORM METHOD ='get' ACTION = 'HealthCareForm'>");
out.println("Name: " + firstName + "<BR/>");
out.println("Address: " + address + "<BR/>");
out.println("City, State, ZIP: " + cityStateZip + "<BR/>");
out.println("Phone: " + phone + "<BR/>");
out.println("Email: " + email + "<BR/>");
out.println("Account Number: " + accountNumber + "<BR/>");
```

```

        out.println("Pet Name: " + petName + "<BR/>");
        out.println("Breed: " + breed + "<BR/>");
        out.println("Age: " + age + "<BR/>");
        out.println("Gender: " + gender + "<BR/>");
        out.println("Story of Occurrence/Diagnosis: " + StoryOfOccurrence + "<BR/>");
        out.println("Claim is related to: " + ClaimRelatedTo + "<BR/>");
        out.println("Is this claim an estimate for future treatment? : " + FutureTreatment +
"<BR/>");

        out.println("Total amount claimed: " + totalAmountClaimed + "<BR/>");
        out.println("Date illness/injury first occurred: " + injuryFirstOccured + "<BR/>");
        out.println("Send payment to: " + PaymentTo + "<BR/>");
        out.println("Veterinarian: " + veterinarian + "<BR/>");
        out.println("Clinic Name: " + clinicName + "<BR/>");
        out.println("Phone Clinic: " + phoneClinic + "<BR/>");
        out.println("Fax: " + fax + "<BR/>");
        out.println("Did any other veterinarian treat your pet?: " + OtherVet + "<BR/>");
        out.println("Is this a new condition?: " + NewCondition + "<BR/>");
        out.println("Signature: " + signature + "<BR/>");
        out.println("Date: " + dateOfSubmission + "<BR/>");


        out.println("</FORM>");
        out.println("</BODY>");
        out.println("</HTML>");
        out.close();
    }
}

```

HealthCareForm.html

```
<!doctype html>
```

```
<html>

<head lang="en"><title>Health Care Form</title>

<link rel="stylesheet" type="text/css" href="mystyle.css">

</head>

<body>

<img src = "header.PNG" style="width:1250px;">

<form action = "form.html" method = "GET">

<div id="d1">

<div id="div1">

<p class="one">Your Information Here

<input type = "checkbox" name = "newAddress" value = "newAddress">Check here if this is a new
address</input>

</p>

</br>

Name:

<input type = "text" name = "firstName">

</br>

Address:

<input type = "text" name = "address">

</br>

City, State, Zip:

<input type = "text" name = "cityStateZip">

</br>

Phone:

<input type = "text" name = "phone">

Email:

<input type = "text" name = "email">

</div>

<div id="div2">
```

<p class="one">Pet Information</p>

</br>

Account Number:

<input type = "text" name = "accountNumber">

</br>

Name:

<input type = "text" name = "petName">

</br>

Breed:

<input type = "text" name = "breed">

</br>

Age:

<input type = "text" name = "age">

Gender:

<input type = "text" name = "gender">

</div>

</div>

<div class = "middle">

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it

<textarea rows="6" cols="150" name="StoryOfOccurrence"></textarea>

</div>

<div id="d2">

<div id="div3">

<p><i>This claim is related to:</i>

<input type = "radio" name = "ClaimRelatedTo" value = "Accident">Accident</input>

<input type = "radio" name = "ClaimRelatedTo" value = "Illness">Illness</input>

<input type = "radio" name = "ClaimRelatedTo" value = "Wellness">Wellness</input>

</p>

</br>

<p>Is this claim an estimate for future treatment?

<input type = "radio" name = "FutureTreatment" value = "Yes">Yes</input>

<input type = "radio" name = "FutureTreatment" value = "No">No</input>

</p>

</br>

Total amount claimed:

<input type = "text" name = "totalAmountClaimed">

</br>

Date illness/injury first occurred:

<input type = "text" name = "injuryFirstOccured">

</br>

<p>Send payment to:

<input type = "radio" name = "PaymentTo" value = "Me">Me</input>

<input type = "radio" name = "PaymentTo" value = "Veterinarian">Veterinarian</input>

</p>

</br>

</div>

<div id="div4">

<p>Veterinarian:</p>

<input type = "text" name = "veterinarian"></input>

</br>

<p>Clinic Name:</p>

<input type = "text" name = "clinicName"></input>

</br>

Phone:

<input type = "text" name = "phoneClinic">

Fax:


```
<input type = "text" name = "fax">
</br>
<p>Did any other veterinarian treat your pet?:
<input type = "radio" name = "OtherVet" value = "Yes">Yes</input>
<input type = "radio" name = "OtherVet" value = "No">No</input>
</p>
<p>Is this a new condition?:
<input type = "radio" name = "NewCondition" value = "Yes">Yes</input>
<input type = "radio" name = "NewCondition" value = "No">No</input>
</p>
</br>
</div>
</div>
<img src = "declaration.PNG" style="width:1250px;">
<div>
</br>
<div id = "div5">
<p>Signature of Pet Owner:</p>
<input type = "text" name = "signature">
</div>
</br>
<div id = "div6">
<p>Date:
<input type="text" name="datepicker"></p>
</div>
</br></br>
<input type = "submit" value = "Submit"</input>
<img src = "footer.PNG" style="width:1250px;">
</body>
```

```
</html>
```

mystyle.css

```
#d1
```

```
{  
    width:100%;  
}
```

```
#div1
```

```
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

```
#div2
```

```
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

```
#div3
```

```
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

#div4

```
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

#div5

```
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

#div6

```
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

p.one

```
{  
    background-color: grey;  
}
```

.middle

```
{  
    border:1px solid black;
```

```
}
```

web.xml

```
<web-app>

    <servlet>

        <servlet-name>HealthCareForm</servlet-name>

        <servlet-class>HealthCareFormJavaCode</servlet-class>

    </servlet>


    <servlet-mapping>

        <servlet-name>HealthCareForm</servlet-name>

        <url-pattern>/form.html</url-pattern>

    </servlet-mapping>


    <welcome-file-list>

        <welcome-file>HealthCareForm.html</welcome-file>

    </welcome-file-list>

</web-app>
```

Part 4:

HealthCareFormJavaCode.java

```
import javax.servlet.http.HttpServlet;
import javax.servlet.http.HttpServletRequest;
import javax.servlet.http.HttpServletResponse;
import java.io.PrintWriter;
import java.io.IOException;
import java.util.Enumeration;
import javax.servlet.ServletException;
```

```

import javax.servlet.http.Cookie;

import java.util.Date;

import java.util.Iterator;

import java.util.Map;

import java.util.Set;


public class HealthCareFormJavaCode extends HttpServlet
{
    public void doGet(HttpServletRequest req, HttpServletResponse res) throws
ServletException,IOException
    {
        res.setContentType("text/html");

        PrintWriter out = res.getWriter();

        out.println("<HTML>");

        out.println("<HEAD><TITLE>Health Care Form Details</TITLE></HEAD>");

        out.println("<BODY><FORM METHOD ='get' ACTION = 'HealthCareForm'>");

        Map m = req.getParameterMap();

        Set s = m.entrySet();

        Iterator it = s.iterator();

        while(it.hasNext()){

            Map.Entry<String,String[]> entry = (Map.Entry<String,String[]>)it.next();

            String key = entry.getKey();

            String[] value = entry.getValue();

            out.println(key+"<br>");

            if(value.length>1){
                for (int i = 0; i < value.length; i++) {
                    out.println("<li>" + value[i].toString() + "</li><br>");
                }
            }else

```

```

        out.println("Value is "+value[0].toString()+"<br>");

        out.println("-----<br>");
    }

    out.println("</FORM>");
    out.println("</BODY>");
    out.println("</HTML>");
    out.close();
}
}

```

HealthCareForm.html

```

<!doctype html>

<html>

<head lang="en"><title>Health Care Form</title>
<link rel="stylesheet" type="text/css" href="mystyle.css">
</head>

<body>

<img src = "header.PNG" style="width:1250px;">

<form action = "form.html" method = "GET">

<div id="d1">

<div id="div1">

<p class="one">Your Information Here

<input type = "checkbox" name = "newAddress" value = "newAddress">Check here if this is a new
address</input>

</p>

</br>

Name:

<input type = "text" name = "firstName">

```

</br>

Address:

<input type = "text" name = "address">

</br>

City, State, Zip:

<input type = "text" name = "cityStateZip">

</br>

Phone:

<input type = "text" name = "phone">

Email:

<input type = "text" name = "email">

</div>

<div id="div2">

<p class="one">Pet Information</p>

</br>

Account Number:

<input type = "text" name = "accountNumber">

</br>

Name:

<input type = "text" name = "petName">

</br>

Breed:

<input type = "text" name = "breed">

</br>

Age:

<input type = "text" name = "age">

Gender:

<input type = "text" name = "gender">

</div>

</div>

<div class = "middle">

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it

<textarea rows="6" cols="150" name="StoryOfOccurrence"></textarea>

</div>

<div id="d2">

<div id="div3">

<p><i>This claim is related to:</i>

<input type = "radio" name = "ClaimRelatedTo" value = "Accident">Accident</input>

<input type = "radio" name = "ClaimRelatedTo" value = "Illness">Illness</input>

<input type = "radio" name = "ClaimRelatedTo" value = "Wellness">Wellness</input>

</p>

</br>

<p>Is this claim an estimate for future treatment?

<input type = "radio" name = "FutureTreatment" value = "Yes">Yes</input>

<input type = "radio" name = "FutureTreatment" value = "No">No</input>

</p>

</br>

Total amount claimed:

<input type = "text" name = "totalAmountClaimed">

</br>

Date illness/injury first occurred:

<input type = "text" name = "injuryFirstOccured">

</br>

<p>Send payment to:

<input type = "radio" name = "PaymentTo" value = "Me">Me</input>

<input type = "radio" name = "PaymentTo" value = "Veterinarian">Veterinarian</input>

</p>

</br>

</div>

<div id="div4">

<p>Veterinarian:</p>

<input type = "text" name = "veterinarian"></input>

</br>

<p>Clinic Name:</p>

<input type = "text" name = "clinicName"></input>

</br>

Phone:

<input type = "text" name = "phoneClinic">

Fax:

<input type = "text" name = "fax">

</br>

<p>Did any other veterinarian treat your pet?:

<input type = "radio" name = "OtherVet" value = "Yes">Yes</input>

<input type = "radio" name = "OtherVet" value = "No">No</input>

</p>

<p>Is this a new condition?:

<input type = "radio" name = "NewCondition" value = "Yes">Yes</input>

<input type = "radio" name = "NewCondition" value = "No">No</input>

</p>

</br>

</div>

</div>

<div>

</br>

```
<div id = "div5">

<p>Signature of Pet Owner:</p>

<input type = "text" name = "signature">

</div>

</br>

<div id = "div6">

<p>Date:

<input type="text" name="datepicker"></p>

</div>

</br></br>

<input type = "submit" value = "Submit"</input>

<img src = "footer.PNG" style="width:1250px;">

</body>

</html>
```

mystyle.css

```
#d1

{

    width:100%;

}


#div1

{

    float:left;

    width:40%;

    border-width: 2px

}


#div2

{
```

```
float:right;
width:40%;
border-width: 2px
}
```

```
#div3
{
float:left;
width:40%;
border-width: 2px
}
```

```
#div4
{
float:right;
width:40%;
border-width: 2px
}
```

```
#div5
{
float:left;
width:40%;
border-width: 2px
}
```

```
#div6
{
float:right;
```

```
        width:40%;
        border-width: 2px
    }

    p.one
    {
        background-color: grey;
    }
```

```
.middle
{
    border:1px solid black;
}
```

Web.xml

```
<web-app>
    <servlet>
        <servlet-name>HealthCareFormGetParameterMap</servlet-name>
        <servlet-class>HealthCareFormJavaCode</servlet-class>
    </servlet>

    <servlet-mapping>
        <servlet-name>HealthCareFormGetParameterMap</servlet-name>
        <url-pattern>/form.html</url-pattern>
    </servlet-mapping>

    <welcome-file-list>
        <welcome-file>HealthCareForm.html</welcome-file>
    </welcome-file-list>
</web-app>
```

Part 5:

HealthCareFormJavaCode.java

```
import javax.servlet.http.HttpServlet;
import javax.servlet.http.HttpServletRequest;
import javax.servlet.http.HttpServletResponse;
import java.io.PrintWriter;
import java.io.IOException;
import java.util.Enumeration;
import javax.servlet.ServletException;
import javax.servlet.http.Cookie;
import java.util.Date;
import java.util.Iterator;
import java.util.Map;
import java.util.Set;

public class HealthCareFormJavaCode extends HttpServlet
{
    public void doGet(HttpServletRequest req, HttpServletResponse res) throws
ServletException,IOException
    {
        res.setContentType("text/html");
        PrintWriter out = res.getWriter();
        out.println("<HTML>");
        out.println("<HEAD><TITLE>Health Care Form Details</TITLE></HEAD>");
        out.println("<BODY><FORM METHOD ='get' ACTION = 'HealthCareForm'>");
        Enumeration getParameterNamesEnum = req.getParameterNames();
        while(getParameterNamesEnum.hasMoreElements()){
```

```

        Object parameterNames = getParameterNamesEnum.nextElement();

        String parameterNamesValue = (String)parameterNames;

        String value = req.getParameter(parameterNamesValue);

        out.println("<p>" + parameterNames + "</p>");

        out.println("<p>" + value + "</p>");

        out.println("</BR>");

    }

    out.println("</FORM>");

    out.println("</BODY>");

    out.println("</HTML>");

    out.close();

}

}

```

HealthCareForm.html

```

<!doctype html>

<html>

<head lang="en"><title>Health Care Form</title>

<link rel="stylesheet" type="text/css" href="mystyle.css">

</head>

<body>

<img src = "header.PNG" style="width:1250px;">

<form action = "form.html" method = "GET">

<div id="d1">

<div id="div1">

<p class="one">Your Information Here

<input type = "checkbox" name = "newAddress" value = "newAddress">Check here if this is a new
address</input>

</p>

```

</br>

Name:

<input type = "text" name = "firstName">

</br>

Address:

<input type = "text" name = "address">

</br>

City, State, Zip:

<input type = "text" name = "cityStateZip">

</br>

Phone:

<input type = "text" name = "phone">

Email:

<input type = "text" name = "email">

</div>

<div id="div2">

<p class="one">Pet Information</p>

</br>

Account Number:

<input type = "text" name = "accountNumber">

</br>

Name:

<input type = "text" name = "petName">

</br>

Breed:

<input type = "text" name = "breed">

</br>

Age:

<input type = "text" name = "age">

Gender:

<input type = "text" name = "gender">

</div>

</div>

<div class = "middle">

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it

<textarea rows="6" cols="150" name="StoryOfOccurrence"></textarea>

</div>

<div id="d2">

<div id="div3">

<p><i>This claim is related to:</i>

<input type = "radio" name = "ClaimRelatedTo" value = "Accident">Accident</input>

<input type = "radio" name = "ClaimRelatedTo" value = "Illness">Illness</input>

<input type = "radio" name = "ClaimRelatedTo" value = "Wellness">Wellness</input>

</p>

</br>

<p>Is this claim an estimate for future treatment?

<input type = "radio" name = "FutureTreatment" value = "Yes">Yes</input>

<input type = "radio" name = "FutureTreatment" value = "No">No</input>

</p>

</br>

Total amount claimed:

<input type = "text" name = "totalAmountClaimed">

</br>

Date illness/injury first occurred:

<input type = "text" name = "injuryFirstOccured">

</br>

<p>Send payment to:

<input type = "radio" name = "PaymentTo" value = "Me">Me</input>

<input type = "radio" name = "PaymentTo" value = "Veterinarian">Veterinarian</input>

</p>

</br>

</div>

<div id="div4">

<p>Veterinarian:</p>

<input type = "text" name = "veterinarian"></input>

</br>

<p>Clinic Name:</p>

<input type = "text" name = "clinicName"></input>

</br>

Phone:

<input type = "text" name = "phoneClinic">

Fax:

<input type = "text" name = "fax">

</br>

<p>Did any other veterinarian treat your pet?:

<input type = "radio" name = "OtherVet" value = "Yes">Yes</input>

<input type = "radio" name = "OtherVet" value = "No">No</input>

</p>

<p>Is this a new condition?:

<input type = "radio" name = "NewCondition" value = "Yes">Yes</input>

<input type = "radio" name = "NewCondition" value = "No">No</input>

</p>

</br>

</div>

</div>

```
<img src = "declaration.PNG" style="width:1250px;">
<div>
</br>
<div id = "div5">
<p>Signature of Pet Owner:</p>
<input type = "text" name = "signature">
</div>
</br>
<div id = "div6">
<p>Date:
<input type="text" name="datepicker"></p>
</div>
</br></br>
<input type = "submit" value = "Submit"></input>
<img src = "footer.PNG" style="width:1250px;">
</body>
</html>
```

mystyle.css

```
#d1
{
    width:100%;
}

#div1
{
    float:left;
    width:40%;
    border-width: 2px
}
```

#div2

```
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

#div3

```
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

#div4

```
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

#div5

```
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

#div6

```
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

p.one

```
{  
    background-color: grey;  
}
```

.middle

```
{  
    border:1px solid black;  
}
```

web.xml

<web-app>

 <servlet>

 <servlet-name>HealthCareFormGetParameterNames</servlet-name>

 <servlet-class>HealthCareFormJavaCode</servlet-class>

 </servlet>

 <servlet-mapping>

 <servlet-name>HealthCareFormGetParameterNames</servlet-name>

 <url-pattern>/form.html</url-pattern>

 </servlet-mapping>

 <welcome-file-list>

```
        <welcome-file>HealthCareForm.html</welcome-file>

    </welcome-file-list>

</web-app>
```

Part 6:

HealthCareFormJavaCode.java

```
import javax.servlet.http.HttpServlet;
import javax.servlet.http.HttpServletRequest;
import javax.servlet.http.HttpServletResponse;
import java.io.PrintWriter;
import java.io.IOException;
import java.util.Enumeration;
import javax.servlet.ServletException;
import javax.servlet.http.Cookie;
import java.util.Date;
import java.util.Iterator;
import java.util.Map;
import java.util.Set;

public class HealthCareFormJavaCode extends HttpServlet
{
    public void doGet(HttpServletRequest req, HttpServletResponse res) throws
ServletException,IOException
    {
        res.setContentType("text/html");
        PrintWriter out = res.getWriter();
        out.println("<!doctype html>");
        out.println("<html>");
```

```
out.println("<head lang='en'><title>Health Care Form</title>");
out.println("<link rel='stylesheet' type='text/css' href='mystyle.css'>");
out.println("</head>");
out.println("<body>");
out.println("<img src = 'header.PNG' style='width:1250px;'>");
out.println("<form action = 'HealthCareFormJavaCode' method = 'POST'>");
out.println("<div id='d1'>");
out.println("<div id='div1'>");
out.println("<p class='one'>Your Information Here");
out.println("<input type = 'checkbox' name = 'newAddress' value = 'newAddress'>Check
here if this is a new address</input>");
out.println("</p>");
out.println("</br>");
out.println("Name:");
out.println("<input type = 'text' name = 'firstName'>");
out.println("</br>");
out.println("Address:");
out.println("<input type = 'text' name = 'address'>");
out.println("</br>");
out.println("City, State, Zip:");
out.println("<input type = 'text' name = 'cityStateZip'>");
out.println("</br>");
out.println("Phone:");
out.println("<input type = 'text' name = 'phone'>");
out.println("Email:");
out.println("<input type = 'text' name = 'email'>");
out.println("</div>");
out.println("<div id='div2'>");
out.println("<p class='one'>Pet Information</p>");
```

```
out.println("</br>");
out.println("Account Number:");
out.println("<input type = 'text' name = 'accountNumber'>");
out.println("</br>");
out.println("Name:");
out.println("<input type = 'text' name = 'petName'>");
out.println("</br>");
out.println("Breed:");
out.println("<input type = 'text' name = 'breed'>");
out.println("</br>");
out.println("Age:");
out.println("<input type = 'text' name = 'age'>");
out.println("Gender:");
out.println("<input type = 'text' name = 'gender'>");
out.println("</div>");
out.println("</div>");
out.println("<img src = 'middleSection.PNG' style='width:1250px;'>");
out.println("<div class = 'middle'>");
out.println("Story of Occurrence/Diagnosis - Please describe this incident, including
dates, details and symptoms leading up to it");
out.println("<textarea rows='6' cols='150' name='StoryOfOccurrence'></textarea>");
out.println("</div>");
out.println("<div id='d2'>");
out.println("<div id='div3'>");
out.println("<p><i>This claim is related to:</i>");
out.println("<input type = 'radio' name = 'ClaimRelatedTo' value =
'Accident'>Accident</input>");
out.println("<input type = 'radio' name = 'ClaimRelatedTo' value =
'Illness'>Illness</input>");
```

```
        out.println("<input type = 'radio' name = 'ClaimRelatedTo' value =  
'Wellness'>Wellness</input>");  
        out.println("</p>");  
        out.println("</br>");  
        out.println("<p>Is this claim an estimate for future treatment?");  
        out.println("<input type = 'radio' name = 'FutureTreatment' value = 'Yes'>Yes</input>");  
        out.println("<input type = 'radio' name = 'FutureTreatment' value = 'No'>No</input>");  
        out.println("</p>");  
        out.println("</br>");  
        out.println("Total amount claimed:");  
        out.println("<input type = 'text' name = 'totalAmountClaimed'>");  
        out.println("</br>");  
        out.println("Date illness/injury first occurred:");  
        out.println("<input type = 'text' name = 'injuryFirstOccured'>");  
        out.println("</br>");  
        out.println("<p>Send payment to: ");  
        out.println("<input type = 'radio' name = 'PaymentTo' value = 'Me'>Me</input>");  
        out.println("<input type = 'radio' name = 'PaymentTo' value =  
'Veterinarian'>Veterinarian</input>");  
        out.println("</p>");  
        out.println("</br>");  
        out.println("</div>");  
        out.println("<div id='div4'>");  
        out.println("<p>Veterinarian:</p>");  
        out.println("<input type = 'text' name = 'veterinarian'></input>");  
        out.println("</br>");  
        out.println("<p>Clinic Name:</p>");  
        out.println("<input type = 'text' name = 'clinicName'></input>");  
        out.println("</br>");
```



```
out.println("Phone:");
out.println("<input type = 'text' name = 'phoneClinic'>");
out.println("Fax:");
out.println("<input type = 'text' name = 'fax'>");
out.println("</br>");
out.println("<p>Did any other veterinarian treat your pet?:");
out.println("<input type = 'radio' name = 'OtherVet' value = 'Yes'>Yes</input>");
out.println("<input type = 'radio' name = 'OtherVet' value = 'No'>No</input>");
out.println("</p>");
out.println("<p>Is this a new condition?:");
out.println("<input type = 'radio' name = 'NewCondition' value = 'Yes'>Yes</input>");
out.println("<input type = 'radio' name = 'NewCondition' value = 'No'>No</input>");
out.println("</p>");
out.println("</br>");
out.println("</div>");
out.println("</div>");
out.println("<img src = 'declaration.PNG' style='width:1250px;'>");
out.println("<div>");
out.println("</br>");
out.println("<div id = 'div5'>");
out.println("<p>Signature of Pet Owner:</p>");
out.println("<input type = 'text' name = 'signature'>");
out.println("</div>");
out.println("</br>");
out.println("<div id = 'div6'>");
out.println("<p>Date:");
out.println("<input type='text' name='datepicker'></p>");
out.println("</div>");
out.println("</br></br>");
```

```

        out.println("<input type = 'submit' value = 'Submit'</input>");
        out.println("</form>");

        out.println("<img src = 'footer.PNG' style='width:1250px;'>");
        out.println("</body>");
        out.println("</html>");
        out.close();
    }

    public void doPost(HttpServletRequest req, HttpServletResponse res) throws
ServletException,IOException
    {

        res.setContentType("text/html");
        PrintWriter out = res.getWriter();


        String firstName=req.getParameter("firstName");
        String address=req.getParameter("address");
        String cityStateZip=req.getParameter("cityStateZip");
        String phone=req.getParameter("phone");
        String email=req.getParameter("email");
        String accountNumber=req.getParameter("accountNumber");
        String petName=req.getParameter("petName");
        String breed=req.getParameter("breed");
        String age=req.getParameter("age");
        String gender=req.getParameter("gender");
        String StoryOfOccurrence=req.getParameter("StoryOfOccurrence");
        String ClaimRelatedTo=req.getParameter("ClaimRelatedTo");
        String FutureTreatment=req.getParameter("FutureTreatment");
        String totalAmountClaimed=req.getParameter("totalAmountClaimed");
        String injuryFirstOccured=req.getParameter("injuryFirstOccured");
        String PaymentTo=req.getParameter("PaymentTo");
    }

```

```
String veterinarian=req.getParameter("veterinarian");
String clinicName=req.getParameter("clinicName");
String phoneClinic=req.getParameter("phoneClinic");
String fax=req.getParameter("fax");
String OtherVet=req.getParameter("OtherVet");
String NewCondition=req.getParameter("NewCondition");
String signature=req.getParameter("signature");
String dateOfSubmission=req.getParameter("datepicker");

out.println("<HTML>");
out.println("<HEAD><TITLE>Health Care Form Details</TITLE></HEAD>");
out.println("<BODY>");
out.println("Name: " + firstName + "<BR/>");
out.println("Address: " + address + "<BR/>");
out.println("City, State, ZIP: " + cityStateZip + "<BR/>");
out.println("Phone: " + phone + "<BR/>");
out.println("Email: " + email + "<BR/>");
out.println("Account Number: " + accountNumber + "<BR/>");
out.println("Pet Name: " + petName + "<BR/>");
out.println("Breed: " + breed + "<BR/>");
out.println("Age: " + age + "<BR/>");
out.println("Gender: " + gender + "<BR/>");
out.println("Story of Occurrence/Diagnosis: " + StoryOfOccurrence + "<BR/>");
out.println("Claim is related to: " + ClaimRelatedTo + "<BR/>");
out.println("Is this claim an estimate for future treatment? : " + FutureTreatment +
"<BR/>");

out.println("Total amount claimed: " + totalAmountClaimed + "<BR/>");
out.println("Date illness/injury first occurred: " + injuryFirstOccured + "<BR/>");
out.println("Send payment to: " + PaymentTo + "<BR/>");
```

```
        out.println("Veterinarian: " + veterinarian + "<BR/>");
        out.println("Clinic Name: " + clinicName + "<BR/>");
        out.println("Phone Clinic: " + phoneClinic + "<BR/>");
        out.println("Fax: " + fax + "<BR/>");
        out.println("Did any other veterinarian treat your pet?: " + OtherVet + "<BR/>");
        out.println("Is this a new condition?: " + NewCondition + "<BR/>");
        out.println("Signature: " + signature + "<BR/>");
        out.println("Date: " + dateOfSubmission + "<BR/>");
        out.println("</BODY>");
        out.println("</HTML>");
    }
}
```

mystyle.css

```
#d1
{
    width:100%;
}

#div1
{
    float:left;
    width:40%;
    border-width: 2px
}

#div2
{
    float:right;
    width:40%;
```

```
        border-width: 2px  
    }
```

```
#div3  
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

```
#div4  
{  
    float:right;  
    width:40%;  
    border-width: 2px  
}
```

```
#div5  
{  
    float:left;  
    width:40%;  
    border-width: 2px  
}
```

```
#div6  
{  
    float:right;  
    width:40%;  
    border-width: 2px
```

```
}
```

p.one

```
{
```

```
    background-color: grey;
```

```
}
```

.middle

```
{
```

```
    border:1px solid black;
```

```
}
```

web.xml

```
<web-app>
```

```
    <servlet>
```

```
        <servlet-name>HealthCareFormDisplayFieldsWithDoPost</servlet-name>
```

```
        <servlet-class>HealthCareFormJavaCode</servlet-class>
```

```
    </servlet>
```

```
    <servlet-mapping>
```

```
        <servlet-name>HealthCareFormDisplayFieldsWithDoPost</servlet-name>
```

```
        <url-pattern>/HealthCareFormJavaCode</url-pattern>
```

```
    </servlet-mapping>
```

```
    <welcome-file-list>
```

```
        <welcome-file>HealthCareFormJavaCode</welcome-file>
```

```
    </welcome-file-list>
```

```
</web-app>
```