

**BREEDERS AWARD PROGRAM
SPAWN REPORTING FORM**

CLASS: _____
POINTS: _____

Member's Name: _____ Phone: _____ Spawn Date: _____
BAP Class: _____ Species Spawned: _____
Conditioning of Pair: Tank Size: ____ Water Temperature: ____ pH _____ DH _____
Size of Male: — Size of Female: — Lighting Type: _____ Hours per Day: _____
Types of Foods: _____
Feeding Schedule: _____

Information on Actual Spawning: Number of Males: _____ Number of Female: _____
Tank Size _____ Water Temperature: _____ pH _____ DH _____
Sexual Differentiation of Males & Females: _____

Other fish present: _____ If yes, what kinds: _____

<p>Spawning Type Livebearer <input type="checkbox"/></p> <p><input type="checkbox"/> Adhesive Egg Scatterer <input type="checkbox"/> Bubble Nest</p> <p><input type="checkbox"/> Non-Adhesive Egg Scatterer <input type="checkbox"/> Mop Spawner <input type="checkbox"/> Peat Spawner <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Substrate: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Cave</p> <p><input type="checkbox"/> Mouthbrooder. <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Shared</p>
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Care of Eggs: Number of Eggs _____ Size of Eggs _____ Color of Eggs: _____
Time of Hatching: _____ Number of days after hatching to free swimming: _____
Describe Spawn, Parental Care etc.: _____

Removed from parents: _____ Method Used: _____

Anti-Fungus or other medications used: _____
