

BREEDERS AWARD PROGRAM
SPAWN REPORTING FORM
(Please Print Entire Form – both pages)

CLASS: _____

POINTS: _____

Member's Name _____ Phone _____ Email _____

Species _____ Spawn Date: _____

Where Acquired/Collected: _____ Common name: _____

Conditioning of Pair: Tank Size: _____ Temperature _____ pH _____ DH _____

Size of Male: _____ Female: _____ Lighting Type: _____ Hours per Day: _____

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?: _____

Spawning Type: Livebearer

Adhesive Egg Scatterer Bubble Nest

Non-Adhesive Egg Scatterer Mop Spawner Peat Spawner Other _____

<input type="checkbox"/> Substrate: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Cave
<input type="checkbox"/> Mouthbrooder: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Shared

Care of Eggs/Fry: Number _____ Size _____ Color _____

Time of Hatching/Spawning: _____ Number of days until free swimming: _____

Describe Spawn, Parental Care etc.: _____

Removed from parents: _____ Method Used: _____

Anti-Fungus or other medications used: _____

GREATER PITTSBURGH AQUARIUM SOCIETY, INC.

Care of Fry: Parental Care Shown: _____

When removed from parents: _____

Tank Size _____ Water Temperature: _____ pH _____ DH _____

Size, Color of free swimming fry: _____

Notes on feeding: _____

Rate of Growth: Fast Moderate Slow Size at 8 weeks: _____

Please add additional observations or information which might be of interest to another breeder.

Have males and females both been included in the donation of fry? If not – explain below:

BAP Requirement Completion Dates

(to be filled in by the Member)

Fry Verifier Initials - BAP Chair or designee: _____ Date: _____

plus Date fry donated for BAP Auction: _____

or Date article submitted for GPASI's publication: _____

or Date of slide/oral presentation at a GPASI General Meeting: _____

Member's Signature: _____

BAP Chair's Record

(to be filled in by the BAP Chair)

Requirements:

Verification _____ & Spawn Reporting Report _____

+ Donation _____ or Article _____ or slide/oral program _____

Date Complete: _____ BAP Chair's Signature _____ \