

OKLAHOMA AQUARIUM ASSOCIATION

BREEDERS AWARD PROGRAM SPAWN REPORT FORM

SPAWN DATE:	_____
CLASS:	_____
POINTS:	_____

Member's Name: _____ Phone: _____

Species Spawned: _____ Common Name: _____

Conditioning of the Fish:

Sexes Maintained: Together Apart Tank Size(s): _____

Size of Male(s): _____ Size of Female(s): _____

Types of Food and Feeding Schedule: _____

Spawning Tank: Number of Males: _____ Number of Females: _____

Tank Size: _____ Water Temperature: _____ pH: _____ DH: _____

Filteration: _____

General Set-up: _____

Spawning Method: Livebearer Bubble Nest Adhesive Egg Scatterer

Non-Adhesive Egg Scatterer Mop Spawner Peat Spawner

Substrate: Vertical Mouthbrooder: Female

Horizontal Male

Cave Shared

Other: _____

Spawning Information: Number of Fry (Livebearers): _____ Size of Fry: _____

Number of Eggs: _____ Size of Eggs: _____ Color of Eggs: _____

Hours Until Hatching: _____ Number of Days to Free Swimming: _____

Parental Care Exhibited: Yes No Parents Removed: _____

Anti-Fungus Used: _____

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Care of Fry: Tank Size: _____ Water Temperature: _____ pH: _____

Size, Color of Free Swimming Fry: _____

Notes on Feeding: _____

Rate of Growth: Fast Moderate Slow

Size at 8 weeks: _____

Please add additional information that may be helpful or of interest to another breeder:

BAP Requirement Completion Dates: (To be filled-in by the Member)

Date Fry Verified by BAP Committee: _____

plus: Date Fry Donated to BAP Auction: _____

or Date Article Submitted for OKAA Publication: _____

or Date of slide/oral presentation at an OKAA General Meeting: _____

Members Signature: _____

BAP Chair's Record: (To be filled-in by BAP Chair)

Requirements: Verification _____, &

Donation _____ or Article _____ or Program _____

Date Completed: _____ BAP Chair Signature: _____

