TBAS Breeders Award Program
Spawning Report

Member's name_____ **Date**_____
Email _____ **Phone** _____

Genus species _____ **Common name** _____
Location _____ **Strain/Variant** _____
"I certify the above listed species was spawn in accordance with the TBAS BAP rules."

Participant signature _____

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BAP Class _____
I. BREEDERS : Male(s) age _____ **Total length** _____
Female(s) age _____ **Total length** _____
Conditioning tank: Size_____ **pH** _____ **Hardness** _____ **Conductivity** _____ **Temp** _____
Lighting: Type _____ **Hours a Day** _____
Feeding: Food/types _____**Times per day** _____
Water changes: % _____ **Frequency** _____

II. Spawning Information:
Spawning Information: Size _____ **pH** ____ **Hardness** _____ **Conductivity** _____ **Temp** _____
 # Males _____ **# Females** _____ **Other fish** _____
Sexual differences/characteristics _____
Spawning method _____
Tank substrate _____ **Décor/aquascape** _____
#eggs_____ **Size** _____ **Date hatched** _____ **Date free swimming** _____
Parents removed ? Y / N Medications used _____

III. Care of fry: Tank size _____ **pH** _____ **Hardness** _____ **Conductivity** _____ **Temp** _____
Parental care ? Y / N If Yes describe _____
Feeding: 1st food _____ **2nd food** _____ **Age fed** _____
Color of fry _____ **Rate of growth Fast Moderate Slow**
Water changes : %_____ **Frequency** _____
(Please use reverse side of form for any additional comments or descriptions)
Preferred method of meeting BAP criteria (check one):
Auction six(6) 2 month old fry____, Presentation ____, Auction breeders ____, Newsletter article _____

FOR BAP CHAIR USE ONLY
Date notified/verified _____ **Date form received** _____
BAP Criteria : Type _____ **Date** _____ **Points Awarded** _____
Date Certificate Awarded _____
Remarks : _____

BAP Chair Signature _____ **Date** _____