



REGINA AQUARIUM SOCIETY

BREEDERS AWARD PROGRAM REPORT



Member's Name: _____ Phone Number: _____

Scientific Name: _____ Common Name: _____

Spawning Information

Tank Size: _____ Filtration: _____ Lighting(type/watts/hrs): _____

Bottom Medium: _____

Water Quality

Temp: _____ Hardness: _____ Medications: _____ PH: _____

Water Changes: _____

Any other fish in the tank: _____

Location of Spawn (on plants, gravel, glass, etc.): _____

Time of day spawning occurred: _____

Number of Eggs: _____ Number of fry Hatched: _____

Number of fry at 30 days: _____ Number of fry at 60 days: _____

Parent Feedings (type/frequency): _____

Fry Feedings (type/frequency): _____

Program Information

Spawning Date: _____ Hatch Date: _____ Free swimming: _____

Confirmed by: _____ Date: _____

Verified by: _____ Date: _____

Number of points awarded: _____