

**CENTRAL NEW YORK AQUARIUM SOCIETY BAP REPORT FORM**

Class Assigned \_\_\_\_\_

( ) First spawning for club

Submitted-FAAS \_\_\_\_\_

Points Awarded \_\_\_\_\_

Breeder's Name: \_\_\_\_\_

ID# \_\_\_\_\_ Species: \_\_\_\_\_ Common Name: \_\_\_\_\_  
(Scientific Name)

Date Requirements:

Egglayers Spawning: \_\_\_\_\_ Hatching: \_\_\_\_\_

Mouthbrooders-Release: \_\_\_\_\_ Livebearers-Birth: \_\_\_\_\_

Publication Cited for Identification: \_\_\_\_\_ Page: \_\_\_\_\_

Aquarist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class D or E Only (at 1 week) \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed Article ( ) ; Talk ( )

**Specialty Class Only:** Class in which you would like your fish to be placed: \_\_\_\_\_

CONDITION OF BREEDERS

Age (M) \_\_\_\_\_ (F) \_\_\_\_\_ Size (M) \_\_\_\_\_ (F) \_\_\_\_\_

Tank Temp: \_\_\_\_\_ Size: \_\_\_\_\_

Types of Food and Frequency:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARE OF EGGS

Approx. Number \_\_\_\_\_ Size \_\_\_\_\_

Place Laid \_\_\_\_\_

Incubation Time \_\_\_\_\_ Color \_\_\_\_\_

Fungicide added (if any) \_\_\_\_\_

INFORMATION ON BREEDING

Tank Size \_\_\_\_\_ pH \_\_\_\_\_

Temperature \_\_\_\_\_ DH \_\_\_\_\_

Water Level \_\_\_\_\_

No. of Males \_\_\_\_\_ No. of Females \_\_\_\_\_

Aquarium Setup: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARE OF FRY

No. of Fry \_\_\_\_\_ Size \_\_\_\_\_

First Foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Fry at 30 Days \_\_\_\_\_

Filtration, What Kind \_\_\_\_\_

Aeration: Yes ( ) No ( )

Lighting: No of Hours \_\_\_\_\_

**Points are NOT awarded for incomplete forms.**

