

Tropical Fish Club of Erie County Breeders Award Program Report Form

Breeder	Fish Breed
Name: _____	Class: _____ Group: _____ Points: _____
Address: _____	Scientific Name: _____
City: _____ Zip: _____	Common Name: _____
Phone: _____	Email: _____

Conditioning of Parents
Size: Male _____ Female _____
Sex Identification: _____
Tank Size: _____ **Filtration:** _____ **Temp:** _____
Lighting Type: _____ **Hours/Day:** _____
Food: Type: _____ **Times/Day:** _____

Spawning Information
Spawn Date: _____ **Type:**

	Livebearer		Mop or Plant Spawner
	Mouthbrooder		Soil or Peat Spawner
	Substrate		Egg Scatter
	Bubble Nest		Other

Tank Size: _____
Temp: _____
Filtration: _____

Other Fish Present: _____

Care of Eggs
Number of Eggs: _____ **Fungus Preventative Used:** _____ **Type** _____
Eggs left with parents?
 _____ **Yes (indicate type of parental care)** _____ **No (indicate method used)**

Care of Fry
Date of Hatch: _____
Tank Size: _____ **Temp:** _____ **Filtration:** _____
Fry: When were they free swimming: _____ **Growth Rate** _____
Number of Fry 1st Day _____ 30 Days _____ 60 Days _____
Foods: 1st Foods Fed: _____ **Age** _____ **Times/Day** _____
2nd Foods Fed: _____ **Age** _____ **Times/Day** _____

Additional Notes : _____

Breeders Signature: _____
Verified By: _____
Chairman: _____ **Date** _____

Award Obligation:
 _____ **Article**
 _____ **Auction**
 _____ **Presentation**