

San Diego Tropical Fish Society Breeders Award Program

Petition for Verification

Name of
Aquarist (print): _____ Date: _____

Address: _____ City: _____ Zip: _____

Species spawned: _____
(Scientific name) (Common name)

Date of spawning: _____ Date of hatching: _____

Number of Live Fry: _____ Size of Adult Fish: _____

“ I certify that the above fish were spawned by me ”

Aquarist's signature: _____

***** Summary of Spawning Conditions *****

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

Light: _____ Duration: _____

Food: _____

Spawning Procedure: _____
