



DURHAM REGION AQUARIUM SOCIETY  
AQUATIC HORTICULTURALIST AWARD PROGRAM  
PROPAGATION REPORT

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

PLANT NAME - scientific:

Common name (code if no ID):

Reference source used for ID:

Page #:

Where did you obtain the parent plant?:

Date parent plant obtained:

Type of reproduction:

**ABOUT YOUR SET UP**

Size of aquarium:

Gravel? Yes\_\_\_ No\_\_\_ If yes, what size and colour?:

Was fertilizer used? Yes\_\_\_ No\_\_\_ If yes, what kind?:

Was potting soil used? Yes\_\_\_ No\_\_\_ If yes, type of container used: \_\_\_\_\_

What kind of lights used? Inced\_\_\_ Florc\_\_\_ Glowlux\_\_\_ Other\_\_\_\_\_

How long were lights left on each day?: \_\_\_\_\_ Hours:

What kind of filtration? Undergravel\_\_\_ Box\_\_\_ Power Filter\_\_\_

Types of fish in tank:

What temperature was water maintained at?:

State the water changing frequency:

Percent of water changes Daily\_\_\_\_\_ Weekly\_\_\_\_\_ Monthly\_\_\_\_\_

Were snails present? Yes\_\_\_ No\_\_\_ If yes, what type?:

Was algae present? Yes\_\_\_ No\_\_\_ If yes, what colour?:

Did you treat fish with any medication while plants were in pond/tank? Yes\_\_\_ No\_\_\_

If yes, what medication?:

Describe any problems resulting from the use of medication:

PARTICIPANTS SIGNATURE:

AHAP CHAIRMAN:

PLANT CLASS ASSIGNED:

DATE:

POINTS AWARDED: