



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
STATE HARNESS RACING COMMISSION

CLAIM FORM

The amount of the claim must be certified or approved funds. The amount of the USTA transfer fee must be by personal check or money order payable to USTA. Failure to follow this procedure may result in the claim being **VOIDED**.

Please print all information below.

I hereby claim the horse _____

For the sum of \$ _____

From the _____ race on this date _____

Racing at _____

Owner/Owners (USTA # is REQUIRED for all owners)

_____	_____	_____
Name	USTA #	Address
_____	_____	_____
Name	USTA #	Address
_____	_____	_____
Name	USTA #	Address
_____	_____	_____
Name	USTA #	Address

I hereby designate _____ **to take charge of the horse immediately after the race in the event I am the successful claimant.**

NEW TRAINER'S NAME _____

Signature _____