



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 \_\_\_\_\_