

Time of Day
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## CLAIMING FORM

			CLAIMING I OKM			
			(To Enter A Claim)			
I hereby claim th	he Horse					
From the	Race on th	is date,	, 20_			
For the sum of \$	5	I agree to pay	a transfer fee of \$37.00 រុ	payable to the USTA.		
	nade with Cash or ng license & a copy			ou must submit a W-9 form and a copy of		
In making this cl	laim, I certify that I	am claiming the	above horse for my acco	unt, or as an authorized agent.		
hereby designate to take charge of the horse immediately after the race in the event I am the successful claimant.						
The trainer rece	iving this horse wi	l be:				
Please Print: If n	nore than one owr	er please put th	e name of the primary ow	ner first:		
Owner	City	State	State License #	USTA#		
Authorized Ager	nt/Owners Signatu	re				
() I hereby	waive the Coggins	Test				
	ke a Coggins test on ng entered to race		0) I understand that the re	esults must be in from the laboratory prior		