



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 horse _____

For the sum of \$ _____

From the _____ Race on this date _____

Racing at (Name of Track) _____

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 _____