

New York State Gaming Commission

Claiming Blank

This is to certify that \_\_\_\_\_ (Claimant) \_\_\_\_\_ (Please Print) has to his credit with

\_\_\_\_\_ the sum of \$ \_\_\_\_\_ (Name of Track)

for claiming races on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Authorized Track Official)

\_\_\_\_\_  
(the above portion be filled in prior to naming horse to be claimed)

\_\_\_\_\_  
Date of Race Race # Name of Horse

\_\_\_\_\_  
Track \$ Claiming Price

\_\_\_\_\_  
(Claimant's Trainer) Name of Claimant (1)

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
Name of Claimant (2)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Claimant (3)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Claimant (4)

\_\_\_\_\_  
Address

This is to certify that the above named claimant is at least eighteen years of age, has been licensed as an owner for the current season by the Division of Harness Racing ; is claiming for his account only, and has no direct or indirect interest in the horse being claimed. If an agent is signing for such claimant, he further certifies herein that he is properly authorized to so act for the claimant.

\_\_\_\_\_  
Signature of Claimant or Authorized Agent

Yes, I agree to have the claimed horse drug tested and further agree to pay the cost (\$150) of such testing pursuant to 9 NYCRR 4038.5, 4038.17, 4019.3, 4109.5 of the Gaming Commission's Rules and Regulations.



No, I do not want the claimed horse drug tested at my expense pursuant to 9 NYCRR 4038.5, 4038.17, 4019.3, 4109.5 of the Gaming Commission's Rules and Regulations.

