



CLAIM FORM

*****ALL 5 SECTIONS MUST BE COMPLETED OR THIS CLAIM IS VOID!

1) **DATE OF RACE:** _____

2) **HORSE:** I (we) hereby claim the horse named _____
from race # _____ on the above date, for the sum of \$ _____,
plus sales tax, under and subject to the rules of racing.

3) **NAMES AND SIGNATURES:** ALL claimants **MUST** provide **ALL** of the following information and **personally sign** this document in order to have a valid claim. Persons licensed as an **"AUTHORIZED AGENT"** may sign for a claimant but **MUST** provide their current **NJ AUTHORIZED AGENT** license number along with claimant's license number.

NAME: _____ CURRENT NJ LICENSE # _____

ADDRESS: _____

SIGNATURE: _____ TELEPHONE: _____

NAME: _____ CURRENT NJ LICENSE # _____

ADDRESS: _____

SIGNATURE: _____ TELEPHONE: _____

NAME: _____ CURRENT NJ LICENSE # _____

ADDRESS: _____

SIGNATURE: _____ TELEPHONE: _____

NAME: _____ CURRENT NJ LICENSE # _____

ADDRESS: _____

SIGNATURE: _____ TELEPHONE: _____

4) **TRAINER:** I hereby designate _____ as my
CURRENTLY LICENSED NJ trainer.

5) **PICK-UP PERSON:** I designate _____ to take charge of
the claimed horse after the race.

TESTING OF HORSE:

I DO WANT
post-race testing of horse
AT MY OWN EXPENSE
COST: \$200

I DO NOT WANT
post-race testing of horse
AT MY OWN EXPENSE

EMERGENCY CONTACT INFORMATION FOR VANNED OFF HORSE: I designate

NAME: _____ TELEPHONE NUMBER: _____