



This is to certify that _____ has to his/her credit with Vernon Downs
(Claimant – Please Print)
the sum of \$_____ for claiming races on this _____ day of _____ 20_____.

(Authorized Track Official)

Date of Race

Race #

Name of Horse

(Claimant's Trainer)

(Claiming Price)

Name of Claimant (1)

Name of Claimant (2)

Address

Address

Name of Claimant (3)

Name of Claimant (4)

Address

Address

*Except for a horse finishing first, equine drug testing of claimed horses is no longer mandatory. Claimants, however, at their own expense and at the time of completing this claim form, can request a test for the above horse being claimed. The cost of this test is \$150.00. Claimant must have sufficient funds on account to cover the cost of the test or provide funds in the amount of \$150.00.

_____ Yes, I would like the above horse to be drug tested.

_____ No, I decline the above horse to be drug tested.

This is to certify that the above named claimant is at least 18 years of age, has been licensed as an owner for the current season by the Division of Harness Racing and has declared a horse to start in an overnight race at this track during the meeting, and whose stable is currently participating at the meeting; 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/she further certifies herein that he/she is properly authorized to so act for the claimant.

Signature of Claimant or Authorized Agent