

Virginia Harness Claiming Form

**** This form must be filled out in its entirety with accurate information****

Date of Race: _____

Race Number: _____

Name of Horse Claimed: _____

Claiming Price: _____

Claimant's Full Name: _____

Claimant's Virginia Racing Commission Permit Number: _____

Claimant's Address: _____

Name of New Trainer Responsible for the Claimed Horse: _____

Payment shall include 5% Virginia sales tax plus a \$35 fee for registration transfer.

Late closer claiming races MUST deposit an additional 10% of the claim price.

Authorized Signature: _____

Owner/Authorized Agent