STATE OF CALIFORNIA
CALIFORNIA HORSE RACING BOARD
CHRB-11 (Rev. 7/24)

DATE_____/_____/_____

NEW TRAINER _____
PRINT NAME OF NEW TRAINER

AGREEMENT TO CLAIM

A claim is hereby made for the horse _____ from the _____
PRINT CORRECT NAME OF HORSE RACE

race on _____ at this meeting in accordance with the Rules and Regulations of the California Horse Racing Board.
DATE OF RACE

I certify that this claim is made for _____ , that the claiming price of
PRINT NAME(S) OF RACING INTEREST MAKING CLAIM

$ ___,___.00 plus all applicable taxes is on deposit with the Paymaster of Purses, and that my/our account is to be charged such amount upon the vesting of title to such claimed horse to me/us. I further certify my/our eligibility to claim is by reason of: ☐ Licensed Horse Owner ☐ Open Claim Certificate on file

I elect to claim this horse regardless of whether the racing or official veterinarian determines the horse will be placed on the Veterinarian's List as bled/ epistaxis, unsound, or lame. ☐ Yes

_____ _____
SIGNATURE OF AUTHORIZED AGENT FOR CLAIMANT

_____ _____
PRINT NAME OF AUTHORIZED AGENT FOR CLAIMANT SIGNATURE OR SIGNATURES OF CLAIMANTS

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