



Alcohol and Gaming Commission of Ontario

90 Sheppard Ave. E, Suite 200
Toronto, ON M2N 0A4
Telephone: 416-326-8700
1-800-522-2876 toll free in Ontario

Standardbred Official Claim Form

This form is to be used to register a claim on a horse entered in a claiming race at an Ontario racetrack.

A person or authorized agent for a person who holds a valid Alcohol and Gaming Commission of Ontario (AGCO) licence or a person who has properly applied for and has been granted a claiming certificate is permitted to claim a horse.

Track		Day / Month / Year	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
I / We hereby claim the horse			From Race
For the sum of \$	plus 13% HST \$	Total amount of claim \$	

Method of Payment Cash Certified Cheque Bank Draft Money Order Purse Cheque Horseperson's Account

Name of Claimant(s) (Please print) 1.	AGCO Licence #	SB Canada Licence #	Signature <input type="checkbox"/> Claimant <input type="checkbox"/> Authorized Agent
	Claiming Certificate #	HST # (if applicable)	
Name of Claimant(s) (Please print) 2.	AGCO Licence #	SB Canada Licence #	Signature <input type="checkbox"/> Claimant <input type="checkbox"/> Authorized Agent
	Claiming Certificate #	HST # (if applicable)	
Name of Claimant(s) (Please print) 3.	AGCO Licence #	SB Canada Licence #	Signature <input type="checkbox"/> Claimant <input type="checkbox"/> Authorized Agent
	Claiming Certificate #	HST # (if applicable)	
Name of Claimant(s) (Please print) 4.	AGCO Licence #	SB Canada Licence #	Signature <input type="checkbox"/> Claimant <input type="checkbox"/> Authorized Agent
	Claiming Certificate #	HST # (if applicable)	

Waive Post Race Observation Period Check this box if you wish to **waive (opt out)** of the post-race observation period. By checking this box, you agree to **forfeit the enhanced claim protections.**

- Please refer to Rules of Standardbred Racing, Chapter 15: Claiming Races
- Rule 15.09 regarding **not** racing a claimed horse outside the Province of Ontario for a period of sixty (60) days.

In making this claim, I/we certify that I am/we are claiming the above horse for my/our own account, or as an authorized agent, and that I/we are eligible to make a claim under the rules of the AGCO and Standardbred Canada.

If the claim is successful, I / We designate:	First Name	Last Name	to take charge of the horse immediately following the race
The new trainer will be:	First Name	Last Name	Telephone # (Required)
Stabling Location of this horse	Address		Postal Code

A Claiming Authorization form must be completed by all owners prior to the horse being entered in a claiming race.
A Claiming Authorization form has been completed in (select option):

hard (paper) copy sent to Standardbred Canada or
 electronic copy