

TROTTING DECLARATION

Name of Horse					
Age	Sex	Lasix	Other Meds	Hopples	Entry

FOR OFFICE USE ONLY	
PP	HN
Race Number	Race Date

Class Named	Claiming Price	Date and place of last start
Driver		Sire
Trainer		Dam
Horse Owner(s)		

Person making declaration: () Owner () Trainer () Other

NAME _____ PHONE NUMBER _____ DATE OF DECALRATION _____

I hereby declare in subject to the rules of the United States Trotting Association and the conditions of this meeting.

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