

**State of California  
Office of Administrative Law**

In re:  
California Horse Racing Board

Regulatory Action:

Title 04, California Code of Regulations

Amend sections: 1634, 1656, and 1658

NOTICE OF APPROVAL OF REGULATORY  
ACTION

Government Code Section 11349.3

OAL Matter Number: 2024-1206-01

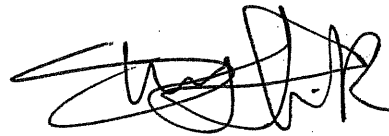
OAL Matter Type: Regular (S)

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In this regular rulemaking, the California Horse Racing Board is amending regulations regarding claiming options.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2025.

Date: January 22, 2025



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Steven J. Escobar  
Senior Attorney

Original: Scott Chaney, Executive  
Director

Copy: Rick Pimentel

For: Kenneth J. Pogue  
Director

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

**REGULAR**  
(See instructions on reverse)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2024-0924-01</b>	REGULATORY ACTION NUMBER <b>2024-1206-01</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California**JAN 22 2025**  
**1:51 PM AB**

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY  
California Horse Racing Board

AGENCY FILE NUMBER (If any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER		FAX NUMBER (Optional)	
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <b>2024, 40-2</b>		PUBLICATION DATE <b>10/4/24</b>	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Claiming Option and Form		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)													
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)															
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT													
TITLE(S) 4		AMEND 1634, 1656, 1658													
3. TYPE OF FILING		REPEAL													
<table><tr><td><input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)</td><td><input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.</td><td><input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))</td><td><input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)</td></tr><tr><td><input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)</td><td><input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)</td><td><input type="checkbox"/> File &amp; Print</td><td><input type="checkbox"/> Print Only</td></tr><tr><td><input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))</td><td></td><td><input type="checkbox"/> Other (Specify)</td><td></td></tr></table>				<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only	<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)												
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<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)													
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)															
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100 ) <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)															
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify)															
7. CONTACT PERSON Rick Pimentel		TELEPHONE NUMBER (916) 274-6043	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) repimentel@chrb.ca.gov												

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE  
S. Shinn  
Digitally signed by S. Shinn  
Date: 2024.12.06 09:34:02 -0800DATE  
12/06/2024TYPED NAME AND TITLE OF SIGNATORY  
Sandra Shinn, Manager, Regulations and Industry Applications

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED****JAN 22 2025****Office of Administrative Law**

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 6. ENTRIES AND DECLARATIONS  
AMENDMENT OF RULE 1634, CLAIMING OPTION ENTRY

1634. Claiming Option Entry.

(a) At the time of entry into a claiming race, the owner may opt to declare a horse ineligible to be claimed, provided:

(1) The horse has been laid off and has not started for a minimum of ~~480~~120 days since its last race, and

(2) The horse is entered for a claiming price equal to or greater than the price at which it last started.

(b) Failure to declare the horse ineligible at the time of entry may not be remedied.

(c) Ineligibility shall apply ~~only~~ to the first start following each such layoff.

(d) Ineligibility may apply to a second consecutive start following each such layoff, provided:

(1) The horse was declared ineligible in the first start following the layoff;

(2) The horse did not win in its first start following the layoff;

(3) The horse did not change majority ownership after its first start following the layoff; and

(4) The provision in subsection (a)(2) still applies.

Authority: Sections 19420 and 19440,  
Business and Professions Code.

Reference: Sections 19408.2 and 19562,  
Business and Professions Code.

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 7. CLAIMING RACES  
AMENDMENT OF RULE 1656, ERRORS WHICH INVALIDATE CLAIM

1656. Errors ~~Which~~That Invalidate Claim.

A claim is invalid if the name of the horse to be claimed is erroneously spelled or not specified on the claim form, CHRB-11 (~~REV. 8/14~~Rev. 7/24) Agreement to Claim, which is hereby incorporated by reference; or if the claim form is not signed by an owner authorized to claim or a member of a racing interest authorized to claim or their properly registered authorized agent; or is not accompanied by a certification from the paymaster of purses that the amount of the claim and all applicable taxes is on deposit with the association or such paymaster of purses; or is deposited at a place other than that provided by the association; or is not deposited within the correct time; or does not specify the racing interest making the claim; or does not correctly specify the name of the new trainer, the claiming race number, or the date of the claiming race; or is otherwise so defective in any particular that the stewards cannot approve its validity; or fails to specify the designated claiming price.

Authority: Sections 19420, 19440 and 19562,  
Business and Professions Code.

Reference: Sections 19408.2 and 19562,  
Business and Professions Code.

CALIFORNIA CODE OF REGULATIONS  
TITLE 4. BUSINESS REGULATIONS  
DIVISION 4. CALIFORNIA HORSE RACING BOARD  
ARTICLE 7. CLAIMING RACES  
AMENDMENT OF RULE 1658, VESTING OF TITLE TO CLAIMED HORSE

1658. Vesting of Title to Claimed Horse.

(a) Title to a horse ~~which~~that is claimed shall be vested in the successful claimant from the time the field has been dispatched from the starting gate and the horse becomes a starter; and said successful claimant becomes the owner of the horse unless voided by the stewards under the provisions of this article. Only a horse ~~which~~that is officially a starter in the race may be claimed. A subsequent disqualification of the horse by order of the stewards or the Board shall have no effect upon the claim.

(b) The stewards shall void the claim and return the horse to the original owner if:

(1) The horse suffers a fatality during the running of the race, dies, or is euthanized before leaving the track, or

(2) The racing or official veterinarian determines the horse will be placed on the Veterinarian's List as bled, unsound, or lame before the horse is released to the successful claimant.

(A) "Bled," also referred to as "epistaxis," is defined as the racing or official veterinarian observing a horse bleeding from one or both nostrils during or after the race, and determining that such bleeding is a direct result of ~~exercise-induced~~exercise-induced pulmonary hemorrhage.

(c) The stewards shall not void the claim if, prior to the race in which the horse is claimed, the claimant elects to claim the horse regardless of whether the racing or official veterinarian determines the horse will be placed on the Veterinarian's List as bled, unsound, or lame.

(1) An election made under subsection (c) of this rule shall be entered on the form CHRB-11 (Rev. 8/147/24) Agreement to Claim, in accordance with section 1656 of this article.

(d) The claim shall be void if the race is called off, canceled, or declared no contest in accordance with Rule 1544 of this division.

Authority: Sections 19420 and 19440,  
Business and Professions Code.

Reference: Section 19562,  
Business and Professions Code.

STATE OF CALIFORNIA  
CALIFORNIA HORSE RACING BOARD  
CHRB-11 (REV. 8/14 Rev. 7/24)

DATE\_\_\_\_/\_\_\_\_/\_\_\_\_

NEW TRAINER\_\_\_\_\_  
PRINT NAME OF NEW TRAINER

### AGREEMENT TO CLAIM

A claim is hereby made for the horse \_\_\_\_\_ from the \_\_\_\_\_  
race on \_\_\_\_\_ at this meeting in accordance with the Rules and Regulations of the California Horse Racing Board.  
DATE OF RACE PRINT CORRECT NAME OF HORSE RACE NUMBER

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 CLAIMANT(S)