

*MARYLAND FERRET PROTECTION AND WELFARE SOCIETY, INC.
(dba MD FERRET PAWS)*

In the State of Maryland, there are no laws that specifically protect ferrets. They can be shipped into or out of Maryland at any age. Ferrets have been sold at pet stores as young as four (4) weeks of age. These kits that are being sold have their eyes surgically opened to hasten them to market. They have had their infantile bodies invaded to descent them and sexually alter them.

Additionally, ferrets are constantly found in fish tanks in pet stores. This is a grossly inhumane treatment for ferrets as there is no cross ventilation. In such a setting they are forced to breathe the noxious gases from their own degrading excreta. Furthermore, the housing of ferrets in fish tanks does not allow for temperature regulation inside of the tank. This can cause the temperature to rise to very dangerous levels, to which ferrets are very sensitive.

Maryland Ferret PAWS, Inc. has taken on the challenge of making changes. We have met with delegates in Annapolis and presently, proposed legislation is being written to stop the underage sale of kits in Maryland. We are also challenging pet store practices of inhumane housing by making written complaints to Animal Control officials in various counties.

The expert opinions and documentation is clear that both of the above practices threaten the lives of ferrets nationwide. **Please help us make a difference in Maryland!**

We invite you to apply for membership into Maryland Ferret Protection and Welfare Society, Inc. (a non-profit corporation in the State of Maryland). Fill out the attached application form and return it to Maryland Ferret PAWS, Inc., P.O. Box 44179, Baltimore, MD 21236. If you have any further questions, please feel free to contact me at vicki.rummel@usa.net.

Sincerely,

Vicki Rummel, President
MD Ferret PAWS, Inc.

MARYLAND FERRET PROTECTION AND WELFARE SOCIETY, INC.
(dba MD FERRET PAWS)

MEMBERSHIP APPLICATION

I, the undersigned, request membership into Maryland Ferret PAWS. I fully support legislation that will protect the American Domestic Ferret as a companion pet. My desire to be a member of this organization is testimony to my support of education to the public as to its proper and humane treatment by individuals, breeders or retailers of domestic ferrets.

I understand and subscribe to this organization with full knowledge that it is a pro-active organization stopping the casual euthanasia of ferrets by government agencies or private concerns.

I agree that my participation in this organization has its limitations, as stated within the By-laws and that the Board of Directors enforces a code of ethics.

I agree that I will not represent this organization in a capacity that I personally have not been authorized to do so by the organization, nor misrepresent the mission of MD Ferret PAWS.

I understand that the **annual dues** for this organization are as follows:

\$20.00 for an individual membership

\$25.00 for a family membership

\$75.00 for a single veterinarian membership

\$150.00 for a veterinarian clinic

Please read the above statement carefully prior to filling out this application.

Lead Member's Name (first & last) Phone Number E-mail

Address (street, city, state, and zip)

Work Phone (optional) Fax Number (optional)

Check one: Single Family Veterinarian Vet Clinic

If Family Membership, please list additional names: _____

Please include check or money order made payable to MD Ferret PAWS, Inc.

Mail to: MD Ferret PAWS, Inc. P.O. Box 44179, Baltimore, MD 21236

For MD Ferret PAWS Administrative:

Application: Accepted Declined

Date Received: _____ Card(s) Mailed (date): _____

Date Entered (date): _____ Member ID#: _____