

# Brandon Police Department Sheepdog Program



**Brandon Police Department**  
301 Forest Dale Road, Brandon, VT 05733  
Tel. (802) 247-0222 Fax (802) 247-0221  
*David Kachajian      Chief of Police*



## **Brandon Police Department Sheepdog Program**

Alzheimer's disease was first described by a German physician, Alois Alzheimer, in 1907. The condition was subsequently named after him. The disease as originally described, occurred in a woman in her 50's but doctors now agree that the dementia that occurs in the elderly, usually past 80 years of age, is the same condition.

The symptoms of the disease are usually a gradual decline in intellectual ability with an accompanying physical decline. Early in the illness, only memory may be impaired. The person is more than a little forgetful. He or she may have difficulty learning new skills or tasks that require reasoning or calculation, such as math. Their personality may change and depression may follow.

One of the most devastating experiences for a family coping with Alzheimer's disease and similar diseases is to have a loved one wander away from home and become lost. To give families some degree of security, the Brandon Police have set up the Sheepdog Program. This program would include not just those suffering from Alzheimer's, but also those with Dementia and elderly individuals at risk of wandering off and getting lost.

Registration in the program is completely voluntary. To participate, please complete the attached registration form and return it to the Brandon Police Department with a recent photograph. The completed form along with the picture you provide is then placed in a confidential file with the police department. In the event your family member wanders off or gets lost, contact the police department and a description as well as other information concerning the person will be promptly dispatched to officers on-duty and if necessary, the local media.

If you do not have a recent photograph or need help in filling out the form, the Brandon Police Department will take the photograph of the family member and assist with the completion of the registration form if necessary. We strongly encourage anyone concerned about a loved one who tends to wander to register that person in our program. This is a free community service offered through the Brandon Police Department.

Just like a sheepdog watching over a flock of sheep, the Brandon Police Department wants to keep our seniors and most vulnerable individuals safe from harm. Information gained through this program would greatly help us in reducing the possibility of a tragedy should one of our elderly or vulnerable community members wander off or get lost.

For more information or questions, please contact the Brandon Police Department at (802) 247-0222 or e-mail Administrative Assistant Linda Graziano at [Linda.Graziano@Vermont.gov](mailto:Linda.Graziano@Vermont.gov).

***Community, Commitment, Integrity***

# Brandon Police Department Sheepdog Program

Please complete this form, attach a recent photograph and return to:

Brandon Police Department  
301 Forest Dale Drive  
Brandon, VT 05733  
Attn: Sheepdog Program

Individual's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Street  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cellular # \_\_\_\_\_ Cellular Provider: \_\_\_\_\_  
Identifying characteristics (scars, tattoos, physical handicaps, etc.) \_\_\_\_\_

Major medical concerns (diabetes, heart condition, etc.) \_\_\_\_\_

Known allergies or other medical concerns that police & paramedics should be aware of \_\_\_\_\_

Does Individual drive? \_\_\_\_\_ Do they have a driver's license? \_\_\_\_\_  
If individual still drives or has access to a car, please list the descriptions of those vehicles, including  
registration numbers: \_\_\_\_\_

If individual wanders, please list possible places to check;  
\_\_\_\_\_  
\_\_\_\_\_

Is individual known to be physically or verbally abusive? \_\_\_\_\_  
Names of other people individual lives with, or has regular contact with: \_\_\_\_\_  
\_\_\_\_\_

Name of person providing information: \_\_\_\_\_  
Relationship to individual: Spouse / Partner/ Son / Daughter/ Sibling/ Caregiver  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_  
Other Emergency Contacts:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other helpful information or additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

For PD use:  
Date received: \_\_\_\_\_

*Community, Commitment, Integrity*